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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*The Essentials of Inflammation, &c.* By F. CARTER, M. D., Professor of Obstetrics, &c., in the Starling Medical College, Columbus, Ohio.

INTRODUCTORY.

In order that our views on this very interesting subject may be understood clearly, it seems necessary to advert to, and even at some length dwell upon one circumstance in relation to the sanguineous circulation in the higher animals, which appears to have escaped the acumen of physiologists, viz: that there is, to all intents and purposes, a completely double circulation, i. e., a nutritive and an eliminating one—differently situated, obeying different laws, differently, nay, oppositely, influenced by the same condition of the tissues to whose necessities they minister, though both currents occupy the same vessels.

To explain and illustrate more particularly, we shall very briefly advert to a few admitted facts.

In the passage of a fluid over a solid surface, although the propelling force acts upon the whole mass of fluid, yet that portion of it impinging upon the solid, scarcely, if at all, moves, while there

shall be a rapid current at some distance from it; the rate of motion increases rapidly as the distance from the solid increases. We need hardly refer to the widely different rate at which the tidal wave moves in shallow and in deep waters—the curling over of the wave breaking on the shore—well known observations upon river currents, &c. &c., in support of the proposition. We may remark, however, in passing, upon the provision of a ciliated epithelium found on the Branchial and other animal surfaces over which fluids pass, that it seems to be for the purpose of preventing the absolute stagnation which would otherwise occur in the immediately contiguous fluid, resulting from their mutual attraction.

We shall mention also Professor Draper's well known and satisfactory theory respecting the existence of a special attraction between the tissues demanding (having an affinity for) a fluid or some of its constituents, and that fluid, which attraction varies in intensity, with the amount of the demand for the time being—a theory based upon phenomena observed in the inanimate, yet admirably explaining some otherwise unaccountable ones in the animated world.

We now pass to more special considerations.

The appropriation of nutrient material would seem to be favored by, at most, a very slow rate of movement in the fluid charged with it, if even absolute rest at the site of the process is not rather the rule; there is indeed no reason why it should pass the point of demand until the supply of material is exhausted.

In plants and those animals in which nutrition is active, or rather where the whole circulating fluid is subservient to that process, we find the rate of movement is very slow every where, and particularly so at the points of demand for the time being. Indeed, in those large classes referred to, there is no special provision for accelerating the flow, such as a contractile vessel or more complicated muscular heart, and in many successive grades above them, where nutrition is actively carried on, such accessory organs are very imperfect. It would seem very probable also that the completion of the process of assimilation is, at least in many cases, due to influences which are only or especially active at the point of appropriation, and that this is a process requiring the lapse of appreciable time.

Almost all observers agree in stating analogous facts with respect to that portion of the blood in the higher animals, which, lying next to the vasular parieties, and containing the white corpuscules, is evidently most concerned in the nutrition of the contiguous tissues.

With respect to the interior of the current in the circulation of the higher animals, the facts are notably different. It carries the red corpuscles, certainly subservient to the respiratory process in the widest sense of the term. The velocity with which it moves, seems to be in direct relation with the waste of the tissues involved by the habits and circumstances of any particular race in whose circulation those corpuscles are found. That velocity, or at least the numbers of those particles, at any time passing through a given space in the normal condition, will be found commensurate with, and determined by, the demand for their services; and be it remembered, that in the performance of those services, there is no occasion for lingering, as the *chemical* changes to which they minister require but an inappreciable time for their accomplishment. It will be borne in mind that, in the centre of the current, which they occupy, the propelling force is but comparatively little counteracted by friction from adhesion.

We are now prepared to state the facts in the case as we view them.

Over all the immensely extended surface presented by the inner walls of the vascular system in the higher animals, there is a nearly moveless layer of liquor sanguinis, and this is specially increased in the capillary system from the occurrence there of a double cause, the adhesion which is universal under like circumstances as between a solid and a fluid, and the special adhesion arising from what may very properly be called a vital attraction.

This latter increases with increased life in the part.

But increased life involves accelerated death, and the dead matereal being chemically in a state to which it was compelled by the operation of a vital force now extinct, waits but the presence of the equivalent of oxygen from which that force caused its separation, to revert to its original condition.

The red corpuscles principally, carry this oxygen, and hence the attraction between them and the dead matter; they are as it were drawn forcibly along, yield instantly their burden of oxygen, receiving in exchange carbonic acid; and the attraction thus ceasing, they pass, to give place to others in succession.

Hence we have the phenomena of

Active life, inducing a slow exterior or nutritive current in the circulation, and, at the same time,

Accelerated death, which produces the necessity for a vigorous central, eliminative, or respiratory circulation.

We shall presently show that the tendency of this arrangement is such as to allow of great latitude in the energy with which the vital processes are carried on, ever tending to maintain or restore the harmony of the whole, through all vicissitudes of depression or exaltation, to the utmost extent to which "*irritation,*" or suspended animation, can be carried, and that certain abnormal, or diseased conditions are characterized by an incapacity to maintain the mutual relation of the two currents here indicated; it will be seen too, that where this relation is impaired, the failing energy of the current on the one hand, or its excessive activity on the other, is eminently curative, in many instances, by restraining the vital or chemical activity which has directly or indirectly induced the disease.

As demonstrative of the views now expressed, we shall advert to the well known fact that certain substances injected into a vein may be detected in any other part in the space of a few seconds, showing that it has passed completely through the systemic and pulmonary circuits. Now, by comparing the whole amount of blood, say in man, with the capacity of a cavity of his heart, and estimating the number of times that cavity would require to be filled, to pass the whole through it, it will be found to demand, at the ordinary rate of the heart's action, say three minutes. Yet the injected matter passes in some twenty or less seconds. There is no short cut; it must go through the heart in the circuit.

The only explanation we believe ever offered, is in the fact, that, but a small portion of the blood is every where in active and tolerably uniform circulation, that portion bearing about the proportion to the whole that twenty seconds do to three minutes. Supposing the observations to be correct.

As germain to the subject before us, an essential part rather *of one, possessing greater claims to the regards of the pathologist,* and of greater importance in therapeutics than any other, we shall venture, at the risk of being thought prolix, to offer some remarks upon the nature and objects of the principal forces employed in the production of a circulation in the higher animals.

It will be admitted on all hands that the only *essential* circulation is the capillary; all other is rendered necessary only by the condition of the being, requiring, conduits, and is not immediately concerned in the attainment of the ultimate objects; it should be regarded as supplementary or incidental.

The forces and arrangements through the operation of which the tissues are enabled to obtain the required supply, may also be regarded as strictly essential, on one hand, and as merely incidental on the other.

Of the nature of one class of forces implicated in the production of the capillary circulation, so much has been of late so ably said, as to render its discussion here at any length quite unnecessary. We are disposed to concur fully with those who maintain the efficiency and power of the demand arising from the vital activity of the tissues through which the capillaries are distributed, to regulate and control the circulation within them, so far as the *nutritive portion* of the fluid is concerned, being moved thereto principally by four considerations. 1st. That *such* a force exists in the vegetable kingdom of sufficient power to maintain a column of fluid of two hundred or more feet in height—the power of the best developed supplementary agent in any animal is insignificant beside this. 2dly. In plants and those classes of animals where nutrition is most actively carried on, there is no other imaginable source of motor power worth mentioning in comparison. 3dly. The capillary circulation in each organ, and part of an organ, even in man, is controlled, hurried or retarded, diminished or augmented, by agencies proper to the parts themselves, certainly independent of, often opposed to, the action of the supplementary forces; and, 4th. The movement of the chyle and lymph unaided by any other force, affords all the support which can be given from analogy.

We have said that we considered the vital condition capable of controlling the nutritive circulation; but we cannot suppose the same agency capable of acting upon the equally important (wherever found,) respiratory or eliminating one; for the due maintenance and regulation of this, we must seek some other than the *vital* forces exerted by the tissues supplied, excepting always the capillary circulation through the lungs, of which we may remark that, in virtue of their glandular character, their proper vitality seems to be as active in controlling the eliminating, as the vital endowment of any gland is with respect to other constituent portions of the circulating fluid passing through it.

With regard to this eliminating circulation however, elsewhere, we suppose the principal and essential forces concerned in it, really to originate in the tissues supplied; but that the force is in no sense vital—originating in the *dead* material destined to be removed, it must be purely chemical—and subject to ordinary chemical laws.

The pathological importance of these diverse sources of motor power, as influencing the condition of the system, locally and generally, we hope to illustrate when we come to investigate the essentials of Inflammation and Fever.

In giving expression to our views in relation to the supplementary sources, i. e. those arising from the action of the heart and arteries, we shall be as brief as possible.

It has been long, and is yet held by some that the motor power thus originating, is amply sufficient to impel the blood through any part of the economy and return it to the heart; and this has been proven by experiments; that is to say, it has been shown that the dead body could be injected with a similar fluid by the employment of a force no greater than that exerted by a ventricle of the heart, &c. &c. Such experiments, like a thousand others looked upon as conclusive, are, we must be permitted to say, wholly irrelevant—the heart does not act in a dead, but in a living body.

A glance at the history of the development of those *incidental* structures, may perhaps enable us more perfectly to appreciate what they are incidental to.

In the lowest orders of animals there is no circulation; absorption is from cell to cell—all of which are endowed alike; a little higher in the scale, we find channels, or lacunæ, by means of which the more internal parts are supplied from the digestive cavity with nutriment. Still ascending, we come to classes in which there is more or less true circulation, performed, partly through vessels, and in part through lacunæ, and the visceral cavities. In the more complexly organized of these classes, we find a more or less powerful provision for the movement of the fluid, by means of muscular pulsating vessels which are complex and powerful in proportion to the development of other muscular organs, and to the complexity and diffusion of the apparatus for æration; still, however, in many instances, propelling the blood in no determinate direction.

In the articulata we meet with many varieties of propelling apparatus; in some cases, special, in others performing that office incidentally to the performance of other duties. In the simplest, every movement of any muscular organ, causes a corresponding movement of the blood contained in it, which extends more or less to other portions of the body. In others there is a concentration or specialization in a single organ, such as we witness in the higher crustacea. In all, however, the motor power exerted by such organ or organs,

is very weak; and the objects attained in higher animals by an active and complete double circulation, are, so far as necessary in them, otherwise accomplished. In the class of insects for instance, the energetic and long-continued action of whose muscular organs requires the most complete æration for elimination, and whose circulatory apparatus, partly vascular, partly lacunar, is of course very imperfect, a perfect æration is attained by the universal diffusion of the respiratory apparatus, while sufficient movement of the fluid is insured by the energetic action of the ordinary muscular organs—which movement need not be in a circle, to, through, and from a respiratory centre; for the function is every where performed. In the higher crustacea, where there is found the best development of a heart to be met with in the articula, we have a very restricted respiratory apparatus, while the considerable development of the muscular organs requires an æration of the blood commensurate with their organic power; in order to insure this, and determine a regular supply to the various organs, the well developed systemic ventricle is provided.

We have said that in this class there was a considerable development of muscular organs capable of energetic action, though generally of short continuance; now the direct tendency of the action of any such organ is to produce a lateral pressure among its parts commensurate with the longitudinal compression resulting from the action of the muscular elements. This pressure exerted upon the vessels or lacuna, as the case may be, will empty them of blood, if there be no sufficient resistance.

So far as the venous or lacunar system is concerned, this is an object gained; the blood in this system being thus forced towards the respiratory organs; but the same cause tends to produce a like effect in the arterial vessels and capillaries also: which would be incompatible with the continuance of muscular and nervous action, and must, at the same time, put an end to the respiratory process, by congestion. The difficulty is obviated, we conceive, in part by the development of true vessels having elastic walls capable of *resisting compression* as well as distension, and farther by the counteraction of another muscular organ—a more or less perfect heart. Such would seem to be the means resorted to, to *maintain the permeability of the general muscular organs by the respiratory current*, even when those organs are acting vigorously. Were there none such, the mere tonic contraction of the muscles would be found quite sufficient to bar the

entrance of a fluid within the sphere of their compression—hence, wherever we find muscular organs, we find also, arterial vessels with elastic walls, and a muscular propelling apparatus, one or both, more or less perfectly developed, as an oscillating or circulating movement of the blood is required, from the diffusion in the one case, or the centralization in the other, of a respiratory apparatus.

In the crustacea, as in the classes below and that immediately above it in the scale, there is no occasion for a respiratory heart, as there is no muscular organism connected with the ærating organs; and while the conditions for æration are fulfilled, the vital energies of the organ are themselves quite sufficient to insure the circulation through it. In the absence of those conditions, *no organ is anywhere found developed of sufficient energy to compel it.*

In the molluscous classes, we meet with a more complicated and general system of nutritive and glandular organs, all more or less enclosed in or enveloped by a muscular mantle; the ærating organs, which are in general free from muscular pressure, are limited; and, as respiration is almost always aquatic, the general muscular movements are but little energetic nevertheless, we find in all this class also, a tolerably well developed systemic ventricle existing; while the whole circulation is carried on in true vessels consisting of three coats, as in the vertebrata.

Now here we conceive that the very general muscular pressure, however languid may be the *irritable* contractility of the muscles, necessitates the existence of, 1st, a complete system of elastic vessels, having a tendency to maintain a permeable condition; and, 2nd, a direct muscular action subservient to the same end. This last is, however, wholly systemic except in the highest of the series. The absence (or nearly so) of muscular compression on the respiratory organs rendering it unnecessary as connected with their function.

In the cephalopods, the highest of the molluscous series, connecting that very closely in some respects with the lower vertebrata, we have a different arrangement, the branchiæ being situated in a large respiratory cavity, distinct from that containing the digestive organs, and furnished with muscular parieties, which, by their rythmic contraction and expansion, cause a direct current, inward, through two lateral, and outward, from one median opening, furnished with valves. This presents an approximation to the more complete muscular respiratory apparatus of the fishes, and in order to overcome the compression of the vessels which would result from

the force exerted on the branchiæ; the auricle, common to the class as connected with the systemic ventricle, is removed, and two lateral muscular cavities, auricles so called, are placed between the venous circulation and the branchiæ.

In the fish, we have developed not unfrequently, powerful muscular motor organs, but they would seem to be incapable of long continued activity, which, indeed, the dense nature of the medium they inhabit renders unnecessary. Hence no very active waste of the tissues is incurred, and consequently there is no great energy of the eliminating circulation. This is farther rendered unnecessary by the low degree of temperature they are destined to maintain.

In the whole of this class we find a double respiratory, but no systemic heart. It would seem that the elastic and muscular powers of the arterial vessels were quite sufficient to maintain the required degree of permeability. That secured, we may suppose the ordinary chemical and vital attractions quite sufficient to assure the arterial and capillary portions of the systemic circulation, as the respiratory heart could hardly exert an appreciable influence upon it.

The circumstances are widely different in regard to the necessities of the branchial circulation. The bronchiæ themselves are enclosed in cavities having well developed muscular and bony parieties, which undergo alternate expansion and contraction, while a forcible current is sent into the cavities from the mouth. The ærating surface presented by the bronchial tufts, though they be intimately divided, and the capillaries exquisitely small, is yet very limited in proportion to the amount of function required; hence, to the ordinary ciliary provision for the maintenance of a current of water, is superadded the more powerful muscular apparatus. This would be vain, however, if the exertion of its force compressed the capillaries so as to exclude the blood, and that effect would surely follow, were there not a counteracting force exerted just sufficient for the purpose. That it is in this, and in all cases, only sufficient to repel muscular repulsion by muscular propulsion, is, we think, sufficiently evident from the consideration of two facts: 1st, that where there is no muscular compression, the circulation or movement of the blood is perfectly carried on by means of forces connected with the performance of the function, i. e. chemical and vital ones; and, 2nd, where there is muscular compression, and even the most powerful muscular propulsion, the slightest increase of, or obstruction to, the performance

of the chemical and vital functions, is sufficient to affect the velocity of the current, whether the muscular heart concurs or not, should the performance of the function totally cease, from any cause, the movement of the blood ceases also.

We therefore infer that muscular development and muscular force, as appertaining to the heart and arteries, was designed to balance the same kind of development and force, as found in any other part of the system, and for that purpose alone; and that the true cause of the circulation, the ultimate forces upon which its proper phenomena depend, are to be attributed to vital and chemical attractions subsisting between the blood and certain materials disposed outside the vessels.

We had intended, but do not now deem it necessary, to pursue the subject through the somewhat varying phases presented, as we ascend the series of vertebrated animals. A little reflection, we are convinced, will induce the inquirer to take the same view of the real objects, and of the relative importance of those several forces, as their effects are presented to him in the warm-blooded vertebrata, that we have advanced as applying to those lower in the scale of being. We believe the subject worthy of a much more complete and elaborate disquisition than our leisure will permit the preparation of, and we only now advert to it as a necessary introduction to what follows.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.— *On the use of Purgatives in the Treatment of Bilious Fevers, and other Bilious Affections of the South and West.* *By* SAMUEL G. ARMOR, M. D., Professor of Pathology and Practice of Medicine in the Medical Department of the Iowa University.

IN withholding active purgation in the treatment of a class of diseases which prevails during the hot summer and the fall months, especially in the Western and Southern States, I am aware that I come in conflict with high authority; and I would not presume to question such authority but from the conviction strongly impressed upon my mind, that, as a class of remedies, they are dangerous in the treatment of what are commonly called the Bilious, or Bilious

Remittent Fevers of the South and West. It appears to be a common impression with many that purgatives are the *only* remedies necessary in the treatment of this class of fevers.

It is not my purpose, at present, to enquire into the pathological relations of morbid hepatic secretions, further than as connected with diseased action of the gastro-intestinal mucous membrane. The general principles of pathology and practice, however, apply to all derangements of the hepatic functions.

Although lesions of secretion are generally classified by writers on Pathology as *Primary* Elements of Disease, yet a close examination of the subject must satisfy every reflecting mind that they are mere *symptoms*, or sustain secondary relations in the order of pathological manifestations. Before the lesion of secretion takes place, must there not be either a lesion of the blood, of the circulation, of structure, or of innervation? A clear conception of this fact would, I think throw light on a class of diseases associated with derangement of the hepatic function, and banish from our Nosology those numerous primary and idiopathic affections which are attributed to the liver.

It must be acknowledged, however, that as an excretory and depurating organ, the liver performs an important function in the animal economy; and the *rationale* of its increased action, and consequently increased stimulation, during the hot summer and fall months, must be apparent to every one who is familiar with the relation it sustains to the respiratory function. And the very importance of its office is a sufficient reason to induce us to investigate more closely its varied pathological conditions, that we may strike out, if possible, the first link in the chain of morbid action, and thus annul a train of secondary affections resulting from the *forward* action of a morbid secretion.

The peculiar tendency of *Duodenitis* to produce functional derangement of the liver has long been recognized by observers. The distinguished physiologist, BROUSSAIS, was the first, I believe, to call attention to this subject, and although he carried his views to great extremes, yet everlasting honor is due his memory for the clearness his expositions of diseases of the gastro-intestinal mucous membrane. It is true that, so far as relates to the duodenal mucous membrane, different explanations have been of the jaundice which so frequently follows. It has been supposed that a swollen condition of the mucous membrane extending into the *ductus communis*

choledochus, gives rise to mechanical obstruction to the flow of bile from the gall duct; and although in many instances this explanation may be the true one, yet the fact that we may have jaundice without closure of the common duct, is adverse to the universality of this explanation. We are led to infer, therefore, that the elements of the coloring matter of bile exist in the blood in health, and that other causes may impair or entirely suspend the secretory function of the liver; thus permitting the coloring matter to accumulate in the blood. In cases of this kind, with the usual manifestations of an icterode appearance of the eyes and skin, and white or clay colored fecal evacuations, we do not often have very marked tenderness over the region of the duodenum.

The question may arise, then—What is the morbid agency which gives rise to increased, suspended, or perverted action of the liver? The answer to this would show that the causes are various, although all agreeing, perhaps, in many essential particulars.

First, congestion from intropulsion of blood, whether from the cold stage of an intermittent fever, or from protracted cold to the surface, will give rise to it. The result of the congestion from any cause, whether active or passive, is the lowering of the vital properties of the gland, and a consequent suspension or perversion of secretion. Again, perverted secretion may result from a primary diseased condition of the blood itself. Or, lastly, we may adopt the explanation of Bichat—"that between a secreting organ and the surface upon which its excreting duct opens, there is a sympathy by which a stimulus applied to the latter is communicated to the former." As applied to the liver, I should have enumerated this as *first* in order of causes, because most important. The illustration of this law is very manifest. We have a familiar one in the effects of food, tobacco, or other stimulating substances taken into the mouth. A copious secretion from the salivary glands is the result. We have no explanation of this but that based on the influence of the sympathetic system of nerves over organic functions, and, as applied to secretory organs, we have abundant evidence of this influence. Mental emotions, also, such as anger, anxiety, fear and terror, very sensibly affect the secretion of glands. And so great is this perverted nervous influence, that it frequently affects in a very marked degree, the *quality* as well as quantity of the secretion. Instances are on record, apparently well authenticated, of the secretion of the liver being rendered so acrid by violent emotions of anger, that at

the moment of ejection it irritated the mouth, fauces, and orifice of the anus. And the instance related in Carpenter's Physiology—of the violent combat between the soldier and the carpenter, whose wife was nursing a young infant—very forcibly illustrates the effect of passion in changing the secretion of the mammary gland. In our pathological reasonings we do not, perhaps, duly appreciate the influence which the great sympathetic system of nerves exercises over secreting structures.

These remarks are introduced for the purpose of showing that disordered hepatic secretion is a *secondary* condition, to be removed only by removing the cause. Hence, in a practical point of view, the very important inquiry as to the nature of the cause.

But if from any cause—general or local, inflammatory or irritative, there is an interruption of the accustomed actions of a secreting organ, congestion of its vessels follows. As applied to the liver, diminished secretion of bile gives rise to a congestive state of the vena portarum and its branches; and, in some cases, to a similar state in those organs whose venous system is associated with that of the liver.

This organ, like all others, may be the seat of congestion, of inflammation, or of both. In speaking of congestion of the liver, I allude to a condition essentially different from inflammation of that organ. In acute inflammation, it is, mainly, the arterial action of the organ that is excited, and the congestion is arterial; whilst in venous congestion of the liver, consequent upon an interruption in its secretory action, the arterial system of the liver is necessarily but little, if at all affected; the congestive state of that organ being, in all probability, limited to the vena portarum and its branches. But from the peculiar vascular structure of the liver, while arterial determination must necessarily be followed by venous congestion, it can in no instance, as in other structures, contribute towards the relief of that condition.

If my premises then be correct, why do we administer cathartics for the relief of biliary derangement? I am aware that it is argued, theoretically, that the serous exhalation from intestinal canal, caused by the action of a cathartic, unloads the vessels of the liver, and thereby restores its healthy circulation; and this argument might have weight were it not for the counteracting influence of irritation caused by the operation of the remedy. But this element of evil, I doubt not, more than overbalances all the benefit derived from the

depletion. In many instances the manifestations of biliary derangement are produced by irritation and phlegmasia of the mucous membrane; and it is very evident that this condition would only be exasperated by purgatives. An increased irritation is communicated to the parenchima of the liver, and whatever be the intensity of the phenomena attributed to the bile, *calmness is generally re-established as soon as there is a cessation of the local phlegmasia.* I regard this as an established fact in pathology, of the highest importance.

In our ordinary Bilious Fevers, therefore, accompanied as they generally are, with irritation of the stomach and bowels, I would abstain from the use of cathartics as calculated to aggravate the symptoms of biliary derangement, and increase all the phenomena of the disease. I would not be understood, however, as entirely excluding alvine evacuants in the treatment of these fevers. Their operation is sometimes doubtless attended with benefits. The acrid secretion may be a greater source of irritation, forward upon the mucous membrane, and backward upon the gland secreting it, than would be the effect of a laxative to remove it. But it would be with this view mainly, that I would administer them. The other fact—namely, that the tendency of cathartics is to increase the phlogosis of the mucous membrane, and that this condition is, through sympathy and direct continuity of structure, communicated to the liver, should ever be borne in mind.

But if their effect be to indirectly at least stimulate the liver, our deduction may be regarded as illogical. The question may be asked, Is this not the great object to be effected? Grant that it is, to say the least of it, a desirable object, and still it by no means follows that this entire and hepatic excitement will be promotive of biliary secretion. Is not, indeed, the converse of it true? Yet there may be a possibility that the secretory action of the liver is suspended from want of the normal sensibility of the duodenal mucous surface.

The chyle, which is the natural stimulus of this surface, may, as a consequence, fail to communicate its stimulatory impression to the liver, and a sort of torpor or paralysis may be the result. This condition is generally manifested by the clay colored or white discharges from the bowels, unaccompanied by hyperæmia and tenderness. If we are able to diagnose this condition, then purgatives, especially the *mercurial* ones, may be admissible; although even in this case broken doses of calomel, short of purgation, would be better practice.

But is it true that in the class of cases under consideration these are

the manifestations? Is not, indeed, the very opposite condition generally present, such as local tenderness, irritability of the stomach, and dark discharges, indicating morbid sensibility and hyperæmia of the mucous membrane to the point of effusion of the morbid and fluid elements of the blood?

Shall we, then, in this condition, administer cathartics? Many reasons forbid. I will be content with enumerating a few.

1st. As a general and valuable therapeutical principle we should never resort to medicinal agents when nature is doing her proper work.

2nd. Cathartics will, in all probability, increase the very difficulty, which nature is endeavoring to overcome, by adding irritation and determination to the congestion already existing.

3d. Protracted congestion of the liver, by daming back the venous circulation of the abdomen, may give rise to formidable disease of the intestinal mucous membrane. And, lastly, there is no indication as a general proposition, for their use, as evinced by the color and character of the discharges from the bowels; dark discharges characterising hyperæmia and effusion, positively contra-indicating their use.

I might add that experience abundantly demonstrates not only the inutility, but the positive injury following the use of active and repeated purgation in the treatment of the Miasmatic fevers of the Mississippi Valley. I doubt not but that hundreds have fallen victims to erroneous views on this subject propagated by Hamilton in his work on Purgatives.

I have alluded more especially to the use of cathartics in the treatment of ordinary Bilious Fevers, as they are generally termed, and have called attention to but one pathological feature of the disease. In so doing, I would not be understood as referring all the phenomena of Bilious fever to derangement of the biliary organs; nor to enteritis or gastro-enteritis as the cause; although this is undoubtedly a frequent and formidable superaddition to the general fever.

The effect of cathartics is also bad on the *gastric* mucous membrane, and consequently on the functions of the stomach; and it is only necessary to reflect on the importance of the perfect action of the digestive apparatus to a maintenance of a healthy condition of the entire system, to be convinced of the multiplied variety of secondary disturbances which may result from derangement of the primary action of the series of animal functions. It is indeed the "gol-

den bowl at the fountain," the "wheel at the cistern," and if its functions be perverted, disturbance is, of a physical necessity, propagated remotely through the system. Strike upon the first link of the chain of sympathies, and vibration runs through its whole extension. Hence the varied course which derangement of function may pursue, and hence the difference of character which disease may ultimately assume. If this thought were more rigorously pursued in all our investigations at the bed side, the result would doubtless be a more rational and simple practice. Medicine has too often and long been engaged, and too often worsted, in the contest with affections of an idiopathic and independent character, which were the *secondary*, or perhaps more remote result of pathological derangement; and in no instance, perhaps, have we a more striking illustration of this than in diseases of the gastro-intestinal mucous membrane.

ART. II.—*Case of Dissection Wound, followed by Constitutional Disturbance, and Death on the eighth day.* By W. D. PURPLE, M. D., of Greene, N. Y.

[The death of Dr. G. L. Spencer will have been noticed under the obituary head of our last number, and, from the character of the disease that terminated his professional career, is well worthy of a more extended notice. We take the liberty, therefore, of submitting the following extract of a letter to the editor from W. D. Purple, M. D., of Greene, who was a neighbor of Dr. S., and visited him during his last illness.—*Ed. N. Y. Journal.*]

"On Thursday, the 10th of June, Dr. Spencer performed a post mortem examination on the body of Mrs. Rich, who had been in feeble health with disease of the lungs, for some months. About ten days previous to her death, more active symptoms confined her to her bed. Her symptoms before death, and ocular demonstration after, evinced extensive disease of both lobes of the lungs, and inflammation of the serous membrane. The cavities of the chest and abdomen were filled with a sero-purulent fluid, and a diffuse cellular inflammation was apparent. There was no erysipelatous affection of the skin, nor any other symptoms or appearances that do not appear in such diseases in our most respectable families.

"The autopsy was performed twenty-four hours after death; and

while in the act of closing the first incision with a needle, he slightly pricked his thumb on the left hand. It was very slight, did not bleed, and on examining it, nothing could be seen or felt, and he came to the conclusion that it might have been merely imaginary, and nothing more was thought of the matter, until about twenty-four hours after, he discovered a slight irritation at the place. He continued in active labor during the day, and towards evening was taken with a chill, with a sense of soreness over the whole body. The thumb became painful, and a reddish pustule of three or four lines in diameter appeared; dyspnœa soon supervened; this was accompanied by a depressed typhoid pulse, headache, and nausea. On Saturday, an erysipelatous redness, with great tenderness, presented itself below the axilla, on the left side, and two days after it had extended to the groin. The difficult breathing and the pustule had entirely subsided on Sunday. The hand and arm were entirely free from pain, and only a scabious surface was left upon the thumb. On Monday, the right foot and ankle assumed a reddish flush, and became painful. On Tuesday the pain had subsided, and the nervous system became entirely under the control of the animal poison; stupor succeeded, and he could with difficulty be aroused to consciousness. On the eighth day after the wound he expired. It is proper to observe that there was no evidence of diseased lymphatics of the arm, nor was there any enlargement of the axilla or groin.

"The treatment he received was such as authority recommends. The poison had been generally diffused throughout the system before it attracted attention. The external application of Nit. Silver and Tr. Iodine, with alteratives and stimulants internally, were freely resorted to. Anodynes to allay the irritation of the nervous system, were freely resorted to. But all in vain. Death had marked him as his victim, and with an unerring shaft.

"The death of this excellent co-laborer in the field, and in such a manner, has filled the profession with the most profound regret. It has awakened an anxiety to know, if it can be known, what they have escaped, and under what circumstances they are exposed; although we have not neglected our duty in the search of pathological science, but have embraced every opportunity for post mortem examination, yet this is the first instance which has fallen under my observation where injury has resulted from a "dissection wound." I hope you or some of your correspondents, who have access to extensive libraries, will enlighten us on this subject, and

state what diseases are most liable to generate this species of animal poison; at what period after death it is the most virulent, what are preventitives, and the best means of cure; what proportion proves fatal; with other statistic information in relation to this disease."

ART. III.—*On the Radical Cure of Reducible Hernia by Injection.* By JOHN WATSON, M. D., Surgeon to the N. Y. Hospital.

I do not propose now to go into the whole merits or demerits of this operation, a task which has been assigned to other hands, and which has already in some measure been achieved, by one of the Committee of the American Medical Association, (see their report, in the transactions of May last.) My only object is to give the details of a single case treated in this way, in connection with such hearsay information as I have been able to collect concerning the operation in other quarters.

The procedure now under consideration, if I am not mistaken, was first brought into notice through an irregular channel, by a certain Industrialist of New England. But the first notice I remember to have seen of it was in Professor Pancost's "Operative Surgery." In July, 1848, my attention was for the second time called to this subject, by a gentleman under my care for the treatment of varicocele, who, a year or more previously, had undergone an operation for the cure of a reducible hernia, by what he described as a trifling process, and with complete success. He spoke of it as a simple puncture which subjected him to very little uneasiness; and assured me that he was cognizant to the cure or relief of other individuals, who had been treated like himself, by a practitioner of Boston. I subsequently ascertained that the instrument with which this individual operates, had been prepared by a cutler in this city; but on inquiry I found that it had been patented by the operator, and was consequently to be used only by himself. As I had made enquiry for it with the view of employing it on a case then in hand, I could not but feel indignant that any practitioner, claiming to belong to the regular profession, should have thus prostituted his noble calling to mercenary ends; but believing that no special form of patent instrument is essential to the making of a puncture, or for introducing an irritating fluid beneath the integuments through this, I attempted in my own way to get along without it, as in the following case:

Joseph A. Seavell, of Ohio, seaman, aged 41, was admitted into

the New York Hospital, Nov. 24th, 1851, with a large inguinal hernia occupying the left side of the scrotum, which had been protruding for several hours, and had resisted several well directed efforts for reduction. The patient, for the last four years, had been occasionally troubled by the protrusion, but had never before been baffled in his efforts to reduce it; and by the use of a truss he had been able to follow his regular occupation. With some little trouble, the tumor was reduced by taxis, soon after his admission; and on the 29th of November, having explained my object to the patient and obtained his consent, I attempted to affect a radical cure of the hernia.

While the patient was lying on his back, with his scrotum and left spermatic cord drawn slightly to the right side, and with the integuments over the left external abdominal ring slightly on the stretch, I introduced the point of a delicate bistoury through the integuments, directly down to the crest of the os pubis, the point of the instrument touching, without dividing, the lower termination of Poupart's ligament, and made to work freely in the loose tissue immediately in front of the ring, but without wounding the spermatic cord. Having made the puncture, and withdrawn the bistoury, the nozzle of a small syringe, charged with tincture of cantharides, was introduced through the wound, and about a drachm of this fluid injected into the bottom of the cut, the hand of an assistant, in the meanwhile, resting firmly over the inguinal canal, to prevent any portion of the injected fluid from entering this, or passing through the sac into the abdomen.

The whole procedure was the work of a few seconds, and gave the patient little or no uneasiness. I next applied a compress and spica bandage, to keep the parietes of the inguinal canal in close apposition, and administered an anodyne, keeping the patient on his back, with directions to apply an evaporating lotion, should severe inflammatory symptoms supervene.

In a few minutes after the operation he began to speak of pain from the injection. The sore became more troublesome, and extended several inches in every direction, but was severest along the ascending track of the spermatic cord. He slept but little during the following night, but next morning the pain had subsided, a slight soreness only remaining in the part. The patient was at the same time suffering from chancres. I made the treatment of these the pretext for keeping him on his back, with the compress and bandage

applied as above, for several days. He spoke of no uneasiness from the operation after the second day. On the 12th of December he was walking about without his truss, and with no apparent tendency to a recurrence of the hernial protrusion. On the following day, being desirous to join his vessel, which was about to sail for South America, he requested his discharge, promising to write me, and report the further progress of his case, should the swelling re-appear, and if possible, report in person, at the close of his voyage. But as yet I have not heard of him.

The operation, in this instance, had evidently a beneficial effect, and I am not certain that it may not have effected a permanent cure. I am not disposed to believe that any portion of the injected fluid entered the hernial sac; but by exciting inflammation around this within the column of the external ring, and the subsequent condensation of tissues, which is apt to follow acute inflammation, we may readily imagine that this procedure may, now and then, effect an object which we have hitherto sought in vain to effect by other and severer measures.—*N. Y. Medical Times.*

ART. IV.—*Efficacy of full Doses of Quinine in Comatose Pernicious Intermittent Fevers.*

Comatose Pernicious Intermittent Fever is, among French writers, tantamount to our *Malignant Intermittent*, attended or complicated with violent cerebral symptoms. We read with much pleasure and instruction, the report of two cases of this form of fever in our industrious cotemporary, *L' Union Medicale de la Louisiane*, drawn up by Dr. Charles Faget, of this city. One was the case of a Priest—the other that of a negress. With much tact and *habilite*, Dr. Faget discovered the *remittent nature* of the disease, and forthwith decided upon the *only* course of treatment upon which he could rely for success. With as much boldness as skill, he resorted to full doses of the Sulphate of Quinine, regardless of the comatose symptoms, and had the gratification of rescuing both his patients from death. He gave 35 grains of Quinine to his clerical patient at one dose, and gradually reduced it daily. As the heat returned to the extremities the pulse rose and become full, and the head symptoms yielded. The negress was treated in a similar manner, with the addition of cold effusions upon the head, and she also gradually rallied.—*N. O. Med. & Surg. Journal.*

Art. V.—*Milk Sickness.* I. S. Swan, M. D., of Henderson, Ky.

In relation to the origin of this disease, I have nothing to say—for the best reasons, that I know nothing which is satisfactory on that point. The disease is readily recognized in localities where it is found, by the distressing and obstinate vomiting, in all acute cases, and an odor peculiar to those suffering from it. Chronic cases may be known by nausea, a sluggish state of the bowels, and an indisposition or inability to move about. The "Times," so called by the people, I deem a very appropriate name for this form of disease.

My present purpose is mainly to present to the readers of your valuable journal, a mode of *treatment* I have found almost invariably successful, after an experience of more than twenty years; in fact, I am not aware of any case in which it has failed. In acute cases, I give calomel in doses of ten to thirty grains, made into pills with soft bread, which are allowed to dry. This is followed in a few hours by a cup-full of an infusion of senna, containing epsom or glauber salts in solution, after each spell of vomiting. At the same time, a folded cloth, wet with water, should be applied to the throat, and also the stomach, provided there is more than a natural heat at the epigastrium. If there is not, or the temperature is reduced, a mustard plaster may be more appropriate. Instead of the senna and salts, I sometimes use the Seidlitz powders, or a mixture of cream of tartar and jalap. I do not, however, attach any specific effect to these articles, beyond their purgative qualities, and they are preferred on account of the certainty of their operation. Stimulating enemata are often useful in hastening purgation. In very severe cases, the abdomen should be vesicated with cantharides, or irritated by some other effective means, for the purpose of allaying, in some measure, the vomiting. I have very rarely produced salivation, and when this result is to be apprehended, it may be prevented by exhibiting small portions of the supercarbonate of potash, or saleratus, which is generally found in every house.

In regard to the use of opium, I speak only to express my decided disapprobation of its use. The torpor of the liver, and stubborn constipation of the bowels, are aggravated by it, although it may sometimes tranquilize the stomach, and produce a little momentary relief in that way.

In chronic cases the treatment does not vary essentially. As a purgative, I generally use a pill of calomel, aloes and rhubarb,

which I sometimes follow with a saline cathartic, for the purpose of hastening an evacuation of the bowels. In all cases I consider that the administration of a purgative is necessary, that will stimulate the liver to secretion, and evacuate the bowels freely; so as not only to secure the natural function, but, at the same time, to eliminate the noxious poison of the system.—*Western Lancet.*

ART. VI.—*Accumulations in the Rectum, taken for the Head of a Fœtus.* By DR. BUZZELL.

The July number of the New Hampshire Journal of Medicine brings us, (says the Transylvania Medical Journal,) an amusing article under the caption of "A small Mistake," from Dr. Buzzell. We cannot refrain from presenting to our readers the following extract, exemplifying the assertion with which the Doctor set out, "that it is the easiest thing in the world for the best of people to be mistaken, physicians not excepted." After detailing with some minuteness the previous indisposition of the patient, who appears to have been an unmarried female, about twenty years of age, the Doctor proceeds:—[*Ed. N. O. Med. and Surg. Journal.*]

In the latter part of April she was taken with pains in the lower part of the bowels, which resembled labor pains, and as she was so stupid herself as to be unable to inform her friends what was her real situation, an elderly lady in the neighborhood, who was called upon as a forerunner to the Doctor, and who would officiate in the emergency, was sent for. She decided at once that the girl was in labor. She made an examination, felt "the child's head low down," and the "waters had broke," etc. She advised that a physician be sent for forthwith. A young physician was sent for, who, being informed on his arrival that she had been in "great pain by spells," and that the "waters had broke," the "child's head had been felt," etc., made a slight examination, and not having a very good opportunity of examination, as the patient was very restless, he concluded that the old lady was right, and that the girl was surely in travail. Her pains, however, seemed to abate after the arrival of the Doctor, and that was not regarded as any thing very strange, for a young woman, having a young physician present.

The waters came away periodically about once in six or eight

hours. This rather perplexed the physician, and after spending the night waiting for the "pains to come on," the physician thought, as it seemed to be rather a peculiar case, that it might be advisable to have counsel. I was sent for; but as the messenger was informed, when he arrived in the village, that I was not at home, another physician was sent for, who visited the patient. Upon an examination of the patient, this consulting physician pronounced it to be a case of *super fœtation*; and after explaining the case to the family and attending physician, he proposed to send for a surgeon, in order to make an incision in the patient's side, and extract the fœtus therefrom." He advised also that a justice of the peace should be sent for to administer the necessary oath on such occasions, or, in other words, "to swear the baby." The justice came in due time, and, as suspicion naturally rested upon the man at whose house the patient had lived, as before stated, she was made to swear the baby on this man—though the justice was not disposed, from the vagueness or indefiniteness of her answers to his questions, to proceed to issue a warrant for the arrest of the father of the *child*.

The case had now assumed a very serious aspect. The character of the patient, and of a hitherto respectable man, was "down," and the news flew on the wings of the wind, as might be expected in this noisy world. I was sent for the next day. The messenger related to me the case as well as he could, and requested me to take my instruments with me, and prepare for the *operation*. I went to the scene of action, however, under the impression that there was a joke about it. On making an examination of the patient, I found that, instead of its being a case of super fœtation, it was nothing but a large accumulation of fæces in the rectum, so large that it occupied nearly the whole of the inferior portion of the pelvic cavity, merging forward hard on the pubic bones and against the bladder. This explains the reason why the old lady supposed that the "waters had broke." The urine escaped, of course, at distant periods, and then "with a rush." I directed the old lady, who had the priority in the call, to oil her fingers and cautiously to deliver the patient of her *burden*. I advised the father to stay process legally, until the child was born and named, and concluded myself that I should consider it a hard case to be the alleged father of *such a child*.

The patient is, I believe, as "comfortable as could be expected" under the circumstances. I advised that her bowels might be kept pervious, and I believe she has not had occasion to "send out"

again. It would seem that but a small share of common sense would have saved any man from such a blunder; but as the physician who made the mistake claims to be a very scientific man, I am forced to say that the saying quoted in the commencement of this article is emphatically true. Such a case should admonish young practitioners to be cautious and thorough in their examinations, and not to let modesty prevent them from discriminating between a large accumulation of fæces in the rectum and a child's head.—*New Orleans Med. Journal.*

ART. VII.—*Expulsion of Tape Worm by Pumpkin Seeds.* Communicated for the Boston Medical and Surgical Journal.

Having recently had an opportunity to administer the remedy for tapeworm, recommended in the Journal of October 8, 1851, I take the liberty to send you a brief account of its operation.

The patient, an adult, had taken, several weeks since, by direction of a physician, some extract of fern followed by castor oil, which expelled about four feet of worm, together with a number of fragments. The remedy was repeated, but no other benefit was obtained.

There being sufficient evidence, however, that the difficulty was not overcome, I determined, as the case fell under my charge, to try the pumpkin seed orgeat, which was prepared and administered as follows: Six ounces of common pumpkin seeds were thoroughly bruized in a mortar, without removing the outer shells, and a sufficient quantity of water was added to afford by straining and expression, one pint of liquid. At six A. M., the patient took one-half of the liquid, or orgeat, and in two hours after, half an ounce of castor oil. A slight movement of the bowels followed, with a few fragments of the worm. At ten o'clock, half an ounce more of the oil was to be used freely. No food to be taken until after the operation. At twelve o'clock the bowels were evacuated, and an entire worm discharged, eight feet and seven inches in length.

Although the patient is quite feeble, from the effects of pulmonary and hepatic disease, no inconvenience has resulted from the remedy.

W. W. ELY.

ROCHESTER, N. Y., July 31, 1852.

ART. VIII.—*On the Bite of the Rattle-Snake.* By Lieut. J. C. WOODRUFF.

Wednesday, Sept. 17, 1851. This morning, Lieut. J. F. Parke, Top'l Engineer, U. S. Army, and I, were walking out to procure specimens of birds, and when about two miles from the Pueblo, I came within a few inches of treading upon a rattle-snake, who immediately coiled himself up and got ready to strike; jumping back, I drew out my ramrod, and struck him over the back with sufficient force to break it. Being a fine specimen, I wished to preserve it without further injury, when placing my gun upon its head, and seizing it, as I thought, immediately back of the head, I picked him up; but, unfortunately, I had too long a hold, when he threw round his head and buried his fang in the side of the index finger of my left hand, about the middle of the first phalanx. The pain was intense—momentarily producing, as it were, a severe shock, and accompanied with much nausea. I immediately commenced sucking the wound, at the same time got Lieut. Parke to apply a ligature round the wound, to prevent the too rapid absorption of the poison. I then scarified it freely, and continued sucking until I returned to camp.

A man that was with us at the time I sent immediately back to get some aqua ammonia fort, and meet us on the road, which he did when we were about three fourths of a mile from the town. Mr. Kern, hearing what had happened, returned with him, and he wished me to try, as he said, the *Western Remedy*, that is to say, get drunk. This I had often heard of, and I was determined to try its efficacy. He was supplied with a bottle of whiskey, which I immediately commenced drinking; by the time I arrived at the Pueblo, I had drank half a pint. Already the glands in my axilla were getting sore and painful. Took some ammonia internally, scarified my finger freely, and held it in a basin of warm water, which caused it to bleed freely. Then commenced drinking *brandy*, and at the same time held my finger in a cup of ammonia. It took one quart of fourth proof brandy, and one pint of whisky, (enough to have killed a man under ordinary circumstances,) to produce intoxication, which only lasted about four hours. During my intoxication I vomited freely; soon after my recovery from this state, I removed the ligature and applied a large poultice of Pulv. Sem. Lini. That afternoon I took ammonia internally, and some pills composed of

again. It would seem that but a small share of common sense would have saved any man from such a blunder; but as the physician who made the mistake claims to be a very scientific man, I am forced to say that the saying quoted in the commencement of this article is emphatically true. Such a case should admonish young practitioners to be cautious and thorough in their examinations, and not to let modesty prevent them from discriminating between a large accumulation of fæces in the rectum and a child's head.—*New Orleans Med. Journal.*

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Mass Hydrarg. et Collocynth Comp., to act as a cathartic. In the evening the pain in the axilla and finger was very severe; took Pulv. Doveri, grs. x.

Thursday 18th. I passed a restless night without sleep, although during the night I took at least Pulv. Opii grs. iv. This morning the pain in my finger is intense, and a well marked line of inflammation extends along the arm to the axilla. I had the entire arm and hand painted with Tinct. Iodine, and the flaxseed poultice renewed; commenced taking a solution of Potassii Iodidi as an alterative. The pills not having operated, I took Pulv. Seidlitz, which had the desired effect. Diet, boiled rice. Several times during the day I tried to walk across the room, but each time would be seized with nausea and commenced vomiting. Took at bed time, Pulv. Doveri, grs. x.

Friday 19th. I rested pretty well last night, but this morning my hand, arm, and the glands in the axilla, are much swollen, and very painful.

Repeated Tinct. Iodine. Diet, boiled Farina. Took on retiring, Pulv. Doveri, grs. x.

Saturday 20th. Passed a tolerable night, but my back is getting very sore, as the blankets on the stone floor make rather a hard bed. This morning the pain is very great, and the swelling down my left side as far as my hip. Renewed Tinct. Iodine. I am still attacked with nausea and vomiting on my attempting to walk.

I removed the skin from off my finger, and it discharged freely a watery sanguineous fluid without smell. The nail is becoming loose. The broad red line following the course of the lymphatic, is now filled with a yellowish serum. The point where the fang entered, for three eighths of an inch in diameter, is of a dark brown color. Renewed the poultice. At bed time took Mass Hydrarg. grs. v.; Pulv. Doveri, grs. x. Continued Potassii Iodidi. Diet the same.

Sunday 21st. Passed a restless night, being much troubled with colic; took Magnesia Calc. et Spts. Menth Pip., which relieved me, and not having my bowels open, took Pulv. Seidlitz, which had the desired effect. Hand much swollen, and filled with serum. Diet as usual.

Monday 22d. Passed a comfortable night. The swelling has left my side and arm, but little remains in the hand. I can now walk a few yards without being seized with nausea; have been sit-

ting up most of the day. Continued Potassii Iodidi. Diet, mutton broth and farina.

Tuesday 23d. I awoke this morning much improved, the swelling and pain having left, with the exception of the fingers, the first and second joints of which do not present a healthy appearance, the palmar surface having the appearance of a gangrene, but the discharge is thin and watery, without smell. The granulations do not present a healthy appearance; they are rough, and many of them look as if they had been sprinkled with yellow ochre. The nail is quite loose. Continued Potassii Iodidi. Diet, mutton broth, with a little of the meat.

Wednesday 24th. This day we commenced our march. I placed my hand in a sling and mounted my mule; found myself rather weak, and the mule hard to manage with one hand; the sun was rather hot; this, with the jolting of the animal, caused me to suffer considerable pain; fortunately for me, after going six miles we encamped. I removed the nail. From this time on the finger gradually improved. I continued renewing the poultice daily until the last of October. In the meantime there was a large slough, which gradually came away and left the last phalanx exposed in two places. The granulations required, occasionally, the application of nitrate of silver. After this I made use of dressings Cer. Simplex. Continued carrying my hand in a sling until the middle of November. A new nail commenced growing and a sinus remained open in the finger; upon the introduction of a probe in the latter, the bone could be felt quite rough. A discharge from this kept up until about the 7th of February, when I removed the exfoliation of the end of the phalanx, showing evidently that the fang had entered the periosteum. Soon after this the sinus closed, leaving the finger in a deformed state, anchylosis having taken place in the first joint. The circulation is very imperfect, one of the arteries being destroyed, which renders it very susceptible of cold. The insertion of the flexor muscle has also been destroyed.

I have heard of a number of instances of rattle-snake bites, in all of which the patients recovered, if they succeeded in producing intoxication.

Dr. Fischer C. Smith, of this city, accompanied Capt. French, A.

Q. M. U. S. Army, to El Paso, last year, and on their return one of the teamsters was bitten by a rattle-snake; he gave him nothing but whiskey, and in three days after he was driving his team. In this case it took three pints of whiskey to produce intoxication.

Should this brief extract be of any service to you, it is at your disposal.—*Buffalo Med. Journal.*

ART. IX.—*Chloroform in Obstruction of the Bowels from Spasms.* By J. D. CAIN, M. D.

Every physician meets, in the course of his practice, with cases of obstruction of the intestines, which has come gradually or suddenly, generally from some cause of irritation existing in them. The obstruction in these cases consists of a spasmodic contraction of a portion, or of portions, of the intestines, generally the small. The plan I formerly pursued was to cease all attempts at forcing a passage by means of cathartics, if one or two brisk cathartics failed, and to resort to opium freely, enemata of warm water, melted lard or butter, sweet oil, etc., the warm bath, fomentations to the abdomen, and other means of inducing relaxation. For more than two years I have used chloroform, as a more powerful agent than opium and its preparations, and as more certain in relaxing the muscular system. The Chloroform, administered in greater or less inhalation, soon produces a greater or less degree of resolution, and, taking advantage of the relaxation thus affected, I give enemata, either stimulating, mucilaginous, or oily, which in a short time bring away fecal matter. The inhalation may be repeated as frequently as in the judgment of the physician, the case demands.

Chloroform possesses the immense advantage over opium of relieving effectually and promptly the pain, and in not leaving the bowels in a constricted state, the sedative effect soon passing off.

Seven cases have been thus treated by me with highly satisfactory results. In one case only, have I experienced any difficulty in inducing the requisite degree of relaxation of the bowels. The subject of this case was very slightly susceptible of its influence; but the pain was completely relieved by frequent inhalations, and the obstruction gradually overcome.—*Charleston Med. Jour.*

Art. X.—*Nitric Acid in Hooping Cough and Asthma.*

Dr. F. C. T. Arnoldt recommends, (*Canada Medical Journal*, June 1852,) the Nitric Acid as a powerful remedy in Hooping-Cough and Asthma.

"In Hooping-Cough," he says, "at whatever age, whether it be a child at the breast or a full grown adult, I administer Nitric Acid in solution, as strong as lemon-juice, sweetened *ad libitum*. I have given to a child of two years of age as much as one drachm and a half of concentrated nitric acid, in the above manner, per diem, and I have never known the disease to resist its use beyond three weeks. In one instance, that of a child at the breast only seven months old, the disease disappeared within eight days. In another instance, of a young lady, fifteen years of age, the paroxysms were subdued within twenty-four hours, and the disease disappeared within ten days. Again, in the case of two boys about ten years of age, living at a great distance from each other, who had the cough several weeks, and to such a violent degree that both of them had the circumference of their eyes echymosed, as though they had been pommelled in pugilistic combats, the acid acted positively like a miracle. A medical *confrere* of mine had four of his children severely affected with the same disease in the middle of winter; and, although they had to be kept in-doors, owing to the inclemency of the weather, they were nevertheless all perfectly cured within three weeks. I might go on to cite a hundred similar instances, but these, I am satisfied, will prove sufficient to induce the profession to adopt this mode of treatment. As regards Asthma, the use of Nitric Acid has proved not only in my own practice, but in that of others who have adopted it, truly marvellous."

[It will be remembered that Dr. Hopkins, of Bethel, Georgia, in a communication published in the number of this journal for October 1850, page 469, extols the power of Nitric Acid in Asthma, and relates five cases in which he successfully employed it.]—*Louisville Med. & Surg. Journal.*

ART. XI.—*Lemon Juice in Acute Rheumatism.* By T. D. LEE, M. D. of New York.

Case 1.—William Coleman, fifty-one years of age, had frequent and severe attacks of acute rheumatism for the last fourteen years.

April 30th, 1852. Patient had not been able to remove from his bed for the last four weeks, and he is unable to sleep by night, on account of acute pain; his hands, knees and feet are very much swollen; and he is constantly growing worse. Patient has heretoforehad attacks which have lasted three or four months. At 8 o'clock P. M. the patient commenced taking lemon juice, fresh from the lemons; a tablespoonful in twice the quantity of cold water, with a little sugar, every hour.

May 1st, 9 o'clock, A. M. Patient sitting up endeavoring to shave himself. Says he feels better in every respect, and has slept quietly for four hours, which he has not done before for four weeks. Has taken six ounces of the juice. Same regimen to be continued as before.

May 2d, 9 o'clock A. M. Patient has slept well during the night, and is sitting up, eating his breakfast. Six ounces taken. Says "lemon juice goes right to the spot."

May 3d, A. M. Free from pain, and only complains of soreness in his feet. Same quantity as before.

May 4th. Still improving, having taken six ounces regularly.

May 5th. Comfortable, and taking the same quantity of lemon.

May 6th. Doing well; still taking the same quantity of lemon, having no disposition to leave it off.

May 7th. Patient is able to walk about his room, and does not speak of any pain. Lemon continued.

May 8th. Patient complains only of weakness in walking. Lemon juice discontinued, not having disagreed with the stomach or bowels in the slightest degree.

May 9th. Patient sleeps well by night; has a good appetite, and is fast gaining strength.

May 10th. Patient is only waiting for fair weather to go out.

Case 2.—Mrs. P., seventeen years of age, has had frequent attacks of acute rheumatism for the last seven years. She is affected

with enlargement of the heart. Patient is confined to her bed, and is unable to move or sleep, on account of the severe pain she suffers; and wished to have something prescribed to make her sleep. Patient was advised to try lemon juice for 24 hours, before using any other remedy; to this she assented. Remedy commenced at 10 A. M., as in case 1st.

May 2d. Patient has slept well, and has much less pain and soreness.

May 3d, 4th, and 5th. Continue lemons, as before.

May 6th. Free from all appearance of the disease. Lemon discontinued.

May 7th. In this case, as in Case 1st, there appears to be a flexibility of the joints, unusual in recoveries after other modes of treatment.

In a third case, similar to Case 1st, the Lemon appeared to be equally beneficial. In two other cases, one sub-acute, the other chronic type, the lemon juice had an equally good effect.—*N. Y. Med. Journal.*

ART. XII.—*Fracture of the Os Brachii at the insertion of the Deltoid Muscle, in a Colored Preacher while in the act of Gesticulating.* By W. PARKER, M. D., Professor of Surgery in the College of Physicians and Surgeons, New York.

I was called in consultation with Dr. Sargent, in July 1844, in the case of Mr. R. Jackson, a colored minister of the Methodist denomination who was suffering from a fracture of his right arm. He was of a stout build, very muscular and well developed, thirty-eight years old, having no hereditary predispositions and had never previously suffered a fracture of any of his limbs. There was no circumstence connected with his history giving evidence of unnatural fragility of his bones. The accident occurred while engaged warmly in an exhortation in a religious meeting, and upon making a violent gesticulation. On examination, the right humerus was found broken at the attachment of the deltoid. Union took place in the usual time.—*Ibid.*

ART. XIII.—*Of Flexion of the Limbs, as a Means of Suspending and even Arresting Arterial Hemorrhage.*

As arterial hemorrhage is at all times more or less dangerous and alarming, it becomes proper for us to notice all the means best calculated to put a stop to the flow of blood proceeding from divided vessels. To this end, we are pleased to know that Dr. Bobillier has turned his attention to this subject—the views of whom we shall abridge from the February number of 1852, of the *Journal des Connaisances Medico-Chirurgical.*

This gentleman has found, from experiment, that when certain arteries situated about the joints or limbs, are wounded, the hemorrhage therefrom may be arrested permanently, by flexing the limb forcibly upon itself. By this means he arrested hemorrhage from a wounded radial artery; and in another case, the same means succeeded after compression, etc., had been fairly tried and failed.

The third was the case of a man whose brachial artery was wounded by a blow with a knife, just in the bend of the arm, at the usual point of venesection—the hemorrhage was frightful, and the patient was so situated, and the accident so unexpected, that the application of a ligature was utterly impracticable in the case. Violent and permanent flexion of the fore-arm upon the arm arrested the bleeding.

Dr. Bobillier deprecates any desire to place flexion of a limb in competition with the ligature, for arresting hemorrhage. He contends, however, that it is a precious means, under certain circumstances—when the usual instruments for the application of ligatures are not at hand.

In 1734, M. Malgaigne, in his *Manuel de Medicine Operative*, speaks favorably of strong flexion of the fore-arm upon the arm, as a means of arresting hemorrhage from wounds of the brachial artery. Four years thereafter, he mentions a case in which he arrested a hemorrhage from the popliteal artery, by flexing the knees.—*New Orleans Med. Journal.*

ART. XIV.—*Arabian Method of treating Stone in the Bladder.*

In an old work, published in London in the year 1743, entitled A View of the Levant, &c., By CHARLES PERRY, M. D., there is des-

cribed a curious method of treating a very formidable disease, which is practised by the Arabs in the city of Cairo. Thinking it might interest your readers, as a medical curiosity, I have copied it out word for word, merely modernizing the spelling a little.

Yours, truly, G. H.

"Being the other day in discourse with one Signior Gabrieli, a Venetian, who has practised here as a Medico for many years, he entertained us with an account of a great cure which he had lately performed. His story was thus, or to this purpose: That a certain Effendi, a person of great affairs and consideration, and about fifty years old, had been tormented with violent and continued pains in his reins, for twelve years past, without intermission: that during this long and irksome time of twelve years misery, he had applied himself to all the doctors, (whether real or nominal,) that he could meet with or hear of in this city, but without any sort of benefit; for they all alike mistook his case, judging it to be no other than a cold, which had determined and fixed itself upon that region. At length, about eight months ago, good luck or Providence directed him to this Signior Gabrieli. He was no sooner called, and fully instructed of the patient's complaint, than he judged and pronounced it to be of the nephritic kind; but he judged much better of the disease than of the medicines he applied for the cure, for he gave nothing but mallow water in large quantity, with oils and syrups to lubricate. These indeed were very innocent remedies, and, as one would be apt to think, equally impotent, as in fact they proved. But Signior Gabrieli, having experienced those, and such like things, for a considerable time, without any fruit or effect, and being acquainted with an Arab, who was famed for his dexterity in blowing wind up the penis for the cure of stone and gravel, he went in search of him, carried him to the patient, and ordered him to perform the operation without delay, in the best manner he could. The operator, having his instruments about him, went to work directly. He first ordered the patient to stand up in an erect posture; then he put the end of a common pipe, (which was about three inches long, and cut taper, after the manner of our penis syringes,) into the urethra; and the instrument being adjusted in such a manner as he thought proper, he blew into it with all his might, for a considerable time; then hold-

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ing the urethra, to prevent the wind's flying out again, he played about the bottom of his belly with the other hand, (especially above the os pubis and near the groins,) for a considerable time; then, relieving the urethra, he let the wind discharge itself, beating his belly gently with his hand, to force the wind out with a greater impetus. When the wind was pretty well discharged, he applied a pipe again into the urethra, and then sucked with the same force as he had before blown. By this first operation the patient voided eleven stones near as big as vetches; and the same operation being repeated every morning and evening, till he was entirely freed from pain, and from all further emissions of stone or gravel, the whole quantity of stones discharged, (besides an incredible quantity of gravel,) amounted to near three tea cups full; and besides these, he excreted a great deal of white viscous matter in his urine.

"However, we confess we were rather pleased and diverted with this story, than satisfied about it; because people are generally partial in their own favor; or at least will exaggerate in their accounts of things which tend to their own glory and honor. We therefore desired Signior Gabrieli, for our full satisfaction and conviction, to carry us to see the person. Signior Gabrielli replied, without the least scruple or hesitation, that we were masters to go wherever we would; and no longer ago than yesterday, we went and had an interview with this Effendi. We saw the stones which he had voided, and all the other circumstances of the cure confirmed by the patient's own mouth. Most of the stones are as big as vetches, and somewhat of the same figure; they are all of a dark yellow color, and of a friable texture. The Effendi told us that he had not been able to mount his horse, nor scarce to move about the house, for the space of twelve years before, but was now pretty well, and very easy. He said, however, that when he urined, he had yet a burning pain in the urethra, near its extremity; and, examining his urine, we found it of a wheyish color, abounding with a number of white filiments."—*Buffalo Med. Journal.*

August 10th, 1852.

PART THIRD.

FOREIGN INTELLIGENCE.

MEDICAL JURISPRUDENCE.

ART. I.—*A Surgeon committed for Manslaughter.*

On Friday an inquest was held at Wellow, a village in the neighborhood of Bath, before J. Whitmore, Esq., deputy Coroner for the Northern Division of Somerset. and a respectable jury, upon the body of a woman named Ann Nokes, the wife of a laboring man residing in the village, in consequence (it was alleged) of the gross neglect of the medical man who had attended her in her confinement. The evidence occupied several hours, but the facts may be briefly stated. The poor woman (the deceased) was forty-five years of age and the mother of eleven children. On Sunday afternoon she was taken in labor with her twelfth child, and there being peculiar circumstances in her case, the woman in attendance upon her sent her husband for Mr. Bourn, a surgeon, residing at Radstock, a few miles off. That gentleman appears to have come as early as possible and remained nine hours in attendance upon her, during which time he removed part of the infant. At 4 o'clock in the morning, however, he received a message from Mrs. Parker, the wife of a yeoman living a few miles off, requiring his services under similar circumstances, and by whom his services had been bespoke two months previously. Strange as it may appear, he immediately resolved to leave the poor woman whom he was attending to go to his richer patient, on the plea that he had been bespoke by Mrs. Parker but not by Mrs. Nokes. As soon as he was gone, a messenger was dispatched to Mr. Marsh, at Midsummer Norton, who immediately attended and proceeded with the operation left unfinished by Mr. Bourn. The unfortunate creature, however, was completely exhausted, and died in two hours after. The jury consulted together for a few minutes and then returned the following verdict:—"We are of opinion that Ann Nokes (the deceased) died through exhaus-

tion consequent on the neglect of her medical attendant, Mr. Bourn." The coroner inquired if he was to understand their verdict to be one of manslaughter against Mr. Bourn. The foreman said they had carefully considered the case, and that was the only conclusion they could come to. The coroner's warrant was accordingly made out for the committal of Mr. Bourn.

[There can be very little doubt that the jury returned a proper verdict in the foregoing case. The man who could, for filthy lucre, abandon an unfortunate woman, under the peculiar circumstances of the foregoing case, could hardly expect a more lenient punishment. —*Boston Med. & Surg. Journal.*

SURGERY.

Art. II.—*On the Merits and Demerits of the Ovarian Section.*

The following are the conclusions which the "British and Foreign Medico-Chirurgical" Reviewer arrives at after a careful consideration of the whole of the cases bearing upon this point, although they must only be considered on the whole, as an approximation to truth:

1st. That in any case in which it is considered advisable to remove an ovarian tumor, it is justifiable to make a small preliminary incision into the abdomen, for the purpose of determining whether the tumor be adherent or not.

2d. If the tumor be adherent, the incision is to be immediately closed entirely, or to such an extent as merely to leave an aperture the size of that made by an ordinary trocar, and we may then expect that this operation will not, on the average, be followed by any more fatal resuls than common tapping.—*Buff. Med. Journal.*

Art. III.—*Statistics of Cancer.*

Sir:—Your journal of the 22d of May contains a statement, quoted from the first of the lectures which I recently delivered at the Royal College of Surgeons, to the effect that "persons operated upon for Cancer, die, upon an average, thirteen months sooner" than those upon whom no operation is performed.

Allow me to observe that the statement had reference to cases of

schirrous cancer of the breast. In such cases, I believe that the general average duration of life, after the patient's first observation of the disease, is forty-nine months; that the average life of those whose breasts are removed, and who survive the effects of the operation, is forty-three months, and that the average life of those in whom the disease is allowed to run its course is about fifty-five months.

In the second lecture I said that the general result of operations for medullary cancers is very different; and that although they are so seldom long survived that they are generally considered to be less beneficial than the operations for schirrous cancers of the breast, yet, on the whole, they are more so. The general average of life of persons affected with medullary cancer of the eye, testicle, breast, bones, or other external organ, may be reckoned at about twenty-four months from their first notice of the disease; but I believe the average for those from whom the primary disease is removed, and who do not die in consequence of the operation, is about thirty-four months; while the average for those in whom the disease is allowed to run its course is scarcely more than a year.

In the third lecture I expressed the belief that, on the whole, the operation for epithelial cancers is even more effective in prolonging life than the operation for medullary cancers; but that the wide diversities in the duration of life amongst those affected with this form of cancer, make it very difficult, at present, to deduce such an average as may be relied on. And I would repeat what I said in one lecture respecting all these averages—namely, that such general results deserve only general consideration in the treatment of particular cases of cancer. They may justly determine a general rule of action, but it can be only such a rule as must admit of numerous exceptions. In many cases of schirrous cancer there are sufficient reasons for operating; and in many cases of medullary and epithelial cancers, reasons as sufficient for refraining. The right course must, in each case, be determined by a just appreciation of all the conditions each presents.

I am sir, your obedient servant,

JAMES PAGET,

June 1852. Henrietta-street, Cavendish Square.

ART. IV.—*Case of Hernia of the Lung, caused by the Handle of a Wheelbarrow penetrating the Side of the Chest.* Reported by G. A. LAKE, M. D., House Surgeon to the Royal South Hants Infirmary.

James Taylor, aged 32, a laborer, employed on the new docks, rather a small, thin man for such an occupation, but with a well made chest, has lived temperately, enjoyed good health, and is married; on July 29, 1851, he was wheeling a barrow along a narrow plank, when it slipped, dragging him after it; he fell down about five feet, and pitched on the wheel-barrow handle, which was in a perpendicular position. The handle entered his side, but slipped out again. He was admitted into the Royal South Hants Infirmary, under the care of Dr. J. Bullar, at five o'clock, P. M., about half an hour after the accident, when, on examination, a wound about ten inches in length was found about three inches below, and to the outer side of the left nipple; protruding through it and also through a hole in his waistcoat, was a portion of lung as large as a man's fist, which expanded and contracted very considerably with each act of respiration. The wound was very healthy in appearance and there did not seem to be any wound of the pulmonary pleura. One rib was at the time thought to be fractured, but the state of the patient prevented any accurate examination; and it is difficult to believe that so large a body as the handle of a wheel-barrow could have entered the chest without fracturing the rib.

He experienced great difficulty of breathing; the expression of his countenance was anxious, and there was much collapse; pulse 60. The lung was immediately replaced, and in the act of so doing a very small quantity of air escaped into the pleura. The wound was brought together with stitches and strapping; and the whole of the side of the chest was confined by strips of adhesive plaster, passing half way round. He was placed on his wounded side, but appearing quite unable to breathe in that position was changed, so as to be on the sound side. The apex of the heart could be felt beating, within half an inch of the anterior angle of the wound. There was no hemorrhage.

Seven P. M. Feels much pain, particularly in the left shoulder; pulse 89; respiration 36. He was ordered half a grain of muriate of morphia.

July 30. Has passed a good night; feels very little pain; prefers lying on the sound side; the plaster prevents all movements of the diseased side; pulse 102, respiration 32; farinaceous diet, and the morphia to be repeated at bed time.

31st. He is quite easy; pain in the shoulder almost gone; no appearance of discharge at the wound; skin moist; urine plentiful; bowels not open since the accident; pulse 102, respiration 29; he was directed to take five grains of compound rhubarb pill, with half a grain of muriate of morphia, at bed time.

August 1st. The side is quite easy, but he complains of a feeling of fullness; bowels have not acted; pulse 104, respiration 25; the medicine was ordered to be repeated.

2d. Still complains of the feeling of fullness; bowels have not acted; no visible discharge yet at the wound; pulse 102; respiration 18; he was ordered to take two pills, containing seven grains of compound colocynth pill, two grains of hyoscyamus, and one drop of oil of peppermint. Evening.—Bowels not yet acted on; a mild injection was administered, which produced the desired effect.

3rd. He complains of a little pain in the side, particularly on breathing deeply; pulse 94, respiration 25; a slight friction sound and some bronchial respiration to be heard near the wounded part. Evening—Acute, lancinating pain in the side; friction sound very distinct; pulse 98, respiration 37; wound dressed; slight superficial sloughing; very little discharge; he was directed to take a pill containing two grains of calomel and a half a grain of opium every second hour.

4th. Much better; pain nearly gone; slept tolerably; pulse 96, respiration 26; half a pill to be taken every fourth hour. Evening.—Pain quite gone—omit the pills.

9th. Continues doing well; there is a slight discharge at the wound; the superficial slough is separating; pulse 95, respiration 25; he was ordered to take two drachms of castor oil.

13th. Feels quite comfortable; slight tubular breathing can still be heard; pulse 85, respiration 25.

15th. Does not feel so well; there is more discharge from the wound; still cannot lie on the wounded side; complains of lancinating pains as before in the side; friction sound distinct; pills, as on the 3rd, were repeated.

15th. Better; pulse 84, respiration 20; to take the pill every fourth hour. Evening.—Omit the pill.

18th. He feels very comfortable: there is a small circumscribed abscess in the parietes of the chest, which discharges healthy pus; Pulse 80, respiration 20; it is dressed twice a day with water dressing.

September 1st. Abscess nearly well; there is some superficial redness over the rib, about an inch external to the wound; on passing a probe, a sinus is found, running into it; no bone can be felt.

23rd. Since the last report he has continued improving; the sinus is healed up; there is no redness or tenderness, and he is in good condition: he does not expand the left side as fully as the right, but it is resonant all over, and vesicular breathing can be heard at the site of the cicatrix. He was discharged.

The above case would seem to show that, however correct it may be a general rule, to place patients with penetrating wounds of the chest upon the wounded side, yet cases may arise in which that practice can not be adopted, and that bad consequences do not necessarily follow therefrom. In the present instance the straps of plaster and the instinctive efforts of the patient, seem to keep the wounded side, though uppermost, pretty quiet. His complete recovery from so formidable an accident seemed to be due to his previously temperate habits and good state of health, the uninjured state of his lung and its speedy reduction; the rest given to the wounded part by surrounding the chest, not with mere bandages, but with broad strips of adhesive plaster, which permanently keep their place, and which in this Infirmary are found to be eminently serviceable in treating injuries of the ribs; and combatting the earliest symptoms of pleuritic inflammation by calomel and opium, persevered in only as long as the symptoms demanded, and repeated when necessary. With the exception of the two slight inflammatory exacerbations, he may be said to have recovered with scarcely more inflammation than was necessary to effect a cure. It is one of those singular cases, of which not a few are on record, where blunt instruments of a large size, such as the pole of a carriage, &c., have been thrust forcibly into the chest without destroying life, and it is therefore not unimportant that it should be placed upon record.

ART. V.—*St. George's Hospital.—Disease of the Hip Joint of several year's standing—Death—Examination of the Joint.*

Much difference of opinion stilll exists as to the propriety of removing the head of the femur in certain stages of hip-disease; we are therefore anxious to put upon record facts which may aid in the elucidation of the question. Post-mortem examinations, are certainly of some value; with this view we adduce the following case, derived from the notes of Mr. Holmes, surgical registrar to the hospital.

Sarah W——, aged six years, was admitted April 21, 1852, under the care of Mr. Keate. This child had been ill, it appeared, for the last two years, her symptoms being referred to the left hip. She had been under treatment at another hospital, and had derived great temporary benefit from the means adopted. On examination, a large abscess was detected at the upper part of the left thigh; the pelvis was much twisted, and the left knee pointed across the opposite side; any attempt to straighten it gave her pain, but she did not suffer much otherwise. Her manner was drowsy and listless.

Two days after admission a small opening was made into the abscess, and a considerable quantity of pus evacuated; the discharge continued, and the deformity increased for the next fortnight; and as she seemed to be getting weaker, she was given bark and ammonia, with good diet and porter. It was proposed to put her on a double inclined plane, but the pain induced by the attempts to alter her position caused this to be deferred. On the 12th of May, twenty-one days after admission, it was noticed that her drowsiness was increasing, so much so that it was difficult to rouse her, and her strength appeared to be failing. In spite of an abundance of stimulants, she died May 16, twenty-five days after admission.

Post-mortem Examination.—The shortening was only *apparent*, for the measurement proved the length to be the same on both sides. In the brain, the lateral ventricles were much distended by the serum; the kidneys were healthy, and the diseased joint presented the following appearances:—Head and neck of the femur extensively carious, and articular cartilages almost gone; the head of the bone was not dislocated, and the ligaments of the joint remained entire. The neck of the femur was extensively diseased, and two or three large portions of bone were lying loose upon the carious mass.

The acetabulum was likewise in a carious state, especially towards its anterior and lower portions, about half the thickness of the bone being there eaten away. In other parts, remains of the cavity were still apparent. There was no trace of disease on the pelvic surface of the os innominatum; the sinuses in the neighborhood of the bone were much thickened, but no collection of matter remained.

Mr. William Adams, demonstrator of morbid anatomy at St. Thomas's Hospital, examined, a few days ago the body of a little girl, about seven years of age, in the last stage of emaciation and marasmus from hip disease, which had lasted several years. The greater portion of the head of the bone was absorbed, the cartilage at the epiphysis, between the head and neck, becoming visible by a longitudinal section. The remains of the head were studded with irregular calcareous deposit, and the great trochanter was carious. The cotyloid cavity was quite disorganized, the bony plate forming its fundus quite destroyed, and pus extended into the pelvic cavity, from which it had been discharged by a fistulous aperture in front of the joint.

It may be surmised, from these two post-mortem examinations, that if the removal of the head of the bone be attempted at all, it must be done early; for it would appear that the cotyloid cavity becomes, with time, involved in the mischief. It is, on the other hand, possible that the disorganizing process may be carried on simultaneously both in the head and acetabulum.

ART. VI.—*A Memoir on the Pathology and Treatment of Leucorrhœa, based upon the Microscopical Anatomy of the Os and Cervix Uteri.* By W. TYLER SMITH, M. D., Physician-Accoucher to St. Mary's Hospital.

The author first directed attention to the minute anatomy of the os and cervix uteri; and here, at the outset, he was desirous of expressing his warmest thanks and obligations to Dr. Arthur Hassall for his valuable assistance in the microscopical part of the investigation, and without which he could not successfully have prosecuted his researches. The mucous membrane of the os and cervix uteri, like the mucous membrane of other parts, consisted of epithelium, primary or basement membrane, and fibrous tissue, blood vessels

and nerves. But as there were some special characteristics pertaining to this tissue, he proposed, for the convenience of description, to examine, first, the mucous membrane of the os uteri and external portion of the cervix; and, secondly, the mucous lining of the cervical cavity or canal. The epithelial layer of the former of these situations was tesselated or squamous, and so arranged as to form a membrane of some thickness: by maceration, it could be easily detached, and it was then found closely to resemble the epithelial covering of the vagina, with which it was continuous. Beneath this epithelial layer was the basement membrane, covering numerous villi or papillæ, which studded the whole surface. Each villus contained a looped bloodvessel, which, passing to the end of the villus, returned to its base, and inosculated with other blood vessels of the continuous villi. These villi had been mistaken for mucous follicles, usually described as covering the surface of the os uteri; but the microscope failed to discover any distinct follicular structure in this situation. When a thin section of the surface of the os uteri was examined by a low power, the points of the villi could be seen as dark spots through the epithelial layer. A careful examination exhibited these spots as slightly depressed in the centre, yet, nevertheless, slightly elevated in their margins, nipple-shaped, and containing red points, which were the terminations of the looped bloodvessels. These appearances were produced by the villi being obscured by the epithelial covering. The thick layer of scaly epithelium, and the villi, with their looped vessels, were the principal anatomical features of the mucous membrane of the os and external part of the cervix uteri; and these structures played an important part in the pathological changes which occurred in the lower segment of the uterus in leucorrhœa. Between the margin of the lips of the os uteri and the commencement of the penniform rugæ, within the precincts of the cervical canal, a small tract of smooth surface was usually found, which to the naked eye seemed of more delicate structure than the neighboring parts, and when examined by the microscope, was found to be composed of cylinder epithelium covering the villi of the intestinal canal. The cylinder epithelium covered in this situation villi two or three times larger than the villi upon the surface of the os uteri—so large, indeed, as to be visible to the naked eye when viewed by transmitted light. Within the cavity of the cervix uteri, the mucous

membrane contained four columns of rugæ, or folds, arranged in an oblique, curved or transverse direction; and between these columns were four longitudinal grooves. The two sulci in the median line, anteriorily and posteriorily, were the more distinct; and of these, the sulcus of the posterior columns was the most strongly marked. In the normal state, the transverse rugæ, with the fossæ between them, were filled with viscid, semi-transparent mucus; and when this was brushed away, a reticulated appearance, caused by numerous secondary rugæ, was visible.

The author gave a very minute description of these four rugous columns, and the furrows between them, which was illustrated by some very beautiful drawings of the cervical canal, displaying the rugous columns and fossæ of the natural size, and magnified nine and eighteen diameters. The latter power showed a large number of mucous fossæ and follicles, crowding the depressions between the rugæ, and the rugous elevations also. The author mentioned that a healthy virgin cervix, of normal size, contained at least ten thousand mucous follicles. This anatomical arrangement secured a vast extent of superficial surface, which was still further increased by the presence of villi similar to those found in the lower part of the cervix: they were found in considerable numbers on the larger rugæ and other parts of the mucous membrane in this situation. By this disposal of the mucous membrane of the canal of the cervix, a very large extent of glandular surface was obtained for the purposes of secretion. In effect, the cervix was an open gland; and in the opinion of the author, it was in this part of the utero-vaginal tract of the principal seat of luccorrhœa would be found to exist. There was an analogy here which should not be lost sight of, bearing, as it did on the pathology and treatment of leucorrhœa, which was, the great similarity which existed between the skin and the mucous membrane of the vagina and the external part of the os and servix uteri. The resemblance, in these situations, was certainly much nearer to the cutaneous structure than to the mucous membrane of more internal parts. These analogies were strongly confirmed by what was observed by the pathological and therapeutical applications. The author dwelt on the fact that the epithelium of the os uteri and external portion of the cervix was constantly squamous, and that the epi-

thelium immediately within the os uteri was cylindrical but not ciliated; but that in the rugous portion of the cervical canal the cylindrical epithelium became ciliated. The mucus secreted by the glandular portion of the cervix was alkaline, viscid, and transparent; it adhered to the crypts and rugæ, so as to fill the canal of the cervix. It consisted chiefly of mucous corpuscles, oil globules, and occasionally dentated epithelium, all entangled in a thick, tenacious plasma; it was remarkable for its tenacity; while the mucus found in the lowest part of the canal, was thinner in appearance. There was an essential chemical difference between the vaginal mucus and the secretion of the interior of the canal of the cervix; the first was always acid, and the latter invariably alkaline. Mr. Whitehead, of Manchester, had noticed this fact, and the observation of the author confirmed his views.

The acid of the vaginal secretion was more than sufficient to neutralize the alkaline secretion of the cervix, and when any secretion from the cervical entered the vagina, it became curdled from the coagulation of its albumen. It was worthy of note, that that part of the mucous membrane of the uterus and vagina which resembled the skin, was the only part which, like the skin, furnished an acrid secretion. The vaginal mucus was a simple lubricatory fluid. But the uterine cervical mucus had other uses besides that of lubrication; in the healthy condition, in the intervals of the catamenia, it blocked up the passage from the vagina to the fundus; it thus defended the cavity of the uterus from external agencies, and from its alkaline character, afforded a suitable medium for the passage of spermatozoa in the uterus. Having stated his views of the structure of the utero-vaginal mucous membrane, the author expressed his opinion that the glandular portion of the cervix uteri was the chief source of the discharge in leucorrhœa. Leucorrhœa, in its simple and uncomplicated form, was the result of an increased activity of the glandular portion of the cervix. A follicular organ, which should only take an active condition at certain intervals, became constantly engaged in secretion. Instead of the discharge of the plug of mucus at the catamenial period, an incessant discharge was set up. At first the discharge was but an unusual quantity of the elements of the healthy mucus of the cervix. The quantity increases, and be-

comes a serious drain to the constitution, and the glandular cervix in some cases becomes so excitable, that any unusual stimulus, even mental emotions, provokes an augmentation. The author next referred to the condition under which the epitheleum of the os and external part of the cervix uteri and upper portion of the vagina might be partially or entirely removed. The mucous membrane then presented an intensely red color, from the presence of the naked villi, and an appearance of roughness or excoriation presented itself. He thought that among the causes which produced this aspect of ulceration were eruptive disorders, similar to herpes or eczema, which strongly marked the analogy between this tract of mucous and the skin. He had observed cases in which an occasional herpetic eruption upon the uteri always produced herpes præputialis in the husband. But the most frequent cause of denudation arose from the alkaline mucous discharge of the cervix irritating the acid surface of the os uteri, and causing the rapid shedding of the epithelium round the margin of the os. A microscopic examination was given to the various discharges met with in these affections, in making which the author was assisted by Dr. Handfield Jones and Dr. Hassall. In cervical luccorrhœa, the discharges consisted of quantities of mucus-corpuscles, and in severe cases, pus-corpuscles and blood-discs, with fatty matter, involved in a transparent plasma. The epithelial debris is constantly present, but in limited quantity. In vaginal leucorrhœa, including the external portions of the os and cervix uteri, the plasma is opaque, and contains myriads of epithelial particles in all stages of development, with pus and blood globules when the villi are affected. When a circumscribed ulcer is visible upon the os uteri to the naked eye, after death, such as occurs in eruptive affections of the os and cervix, and is examined by the microscope, with a low power, it is found to consist of a base from which the villi are entirely removed, or in which only the scattered debris of villi remain; and surrounding this base there is a fringe of enlarged villi, partially or entirely denuded of epithelium. The character of the so-called ulceration of the os uteri was detailed, and the nature of the discharge described. The author then observed that if any division of leucorrhœa were made, two principal forms must be recognized—

I. The *mucous* variety, secreted by the follicular canal of the cervix.

With respect to the so-called ulcerations of the os and cervix, two kinds of morbid change would be observed—

1. *Epithelial abrasion,* by far the most common, in which the epithelium was alone deficient.

2. *Villous abrasion, erosion,* or *ulceration,* in which the villi are affected by superficial ulceration.

It was to the villi, denuded of epithelium and partly eroded, that the marked forms of granular os uteri were owing. The ovules of Naboth, often referred to by writers as obstructed follicles, the author had found to be in reality an eruptive disease of the mucous membrane analogous to a cutaneous affection. In these affections of the cervix uteri, it frequently happened that the cervix uteri was partially everted, and the deep-red surface covered by vascular villi thus exposed, had frequently been mistaken for breach of continuity in the mucous surface. The author then offered some remarks on the practical deductions which might be drawn from the present investigation.

The glandular structure of the parts from whence the leucorrhœal discharge arose, pointed to the influence of constitutional causes, and exemplified why this affection should be so common in women of strumous habit and leuco-phlegmatic temperament: it vindicated the importance of constitutional treatment, and directed attention to the more rational employment of topical remedies; and it was evident that the profuse application of caustics, as recommended by the French school of uterine pathology, was both unnecessary and unscientific. He admitted that leucorrhœa of the cervical canal was somotimes cured by the use of caustics to the os uteri, but in these cases they acted as counter-irritants to the glandular structure. The indications of treatment, based on a knowledge of the minute anatomy of the os and cervix uteri, and the study of its pathology in leucorrhœa, appeared to the author to require constitutional medicines and regimen, with local applications. Local measures, to be of any use in cervical leucorrhœa, should be applied, not to the vagina, nor the os uteri, but to the canal of the cervix. In vaginal or epithelial leucorrhœa, common injections were serviceable; but in cervical or mucous leucorrhœa, no benefit could result unless the injection pass-

ed into the cervix. He mentioned the methods he adopted to secure this result, and concluded by expressing a hope that the prosecution of these researches might prove serviceable, by rendering a troublesome class of maladies more intelligible than they had hitherto been, and by tending to correct errors of practice, and to indicate the just value of constitutional and topical remedies.

[Dr. Tyler Smith's paper was illustrated by a number of beautiful drawings, which excited great attention among the Fellows, representing the novel points described in the paper, and which were made under the superintendence of Dr. Hassall.]

At the conclusion of Dr. Smith's paper, the President observed that he should be happy to hear any observations upon it from the Fellows. After a short pause,

Dr. Locock rose and said that he regretted an appointment obliged him to leave the society immediately, but he could not do so without first offering his thanks, and he was sure he might add the thanks of the whole society, to Dr. Tyler Smith, for his very admirable paper. He could scarcely remember an occasion on which he had listened to a paper with greater interest, or from which he had derived so much instruction. The present communication was, in his opinion, a step in the right direction, and he felt convinced that researches of this kind would eventually lead to a better understanding and an improved treatment of what was most certainly a very intractable class of disorders. He was glad to learn the author intended to pursue the subject, and he should certainly look forward with great interest to the progress of his further investigations.—(Cheers.)—*Northwestern Med. Journal.*

PRACTICAL MEDICINE.

ART. VII.—*On Some of the Effects of Atropia and the Sulphate of Veratria.* By Dr. GIACINTO NAMIAS.

Following the example of Dr. Lussanna, the author tried atropia in the treatment of epilepsy, in the Civic Hospital of Venice, to which he is chief physician. The dose he employed was the twenty-fourth part of a grain, five or six times a day, dissolved in water by means of acetic acid, and he satisfied himself that this alkaloid is an

efficacious remedy in many spasmodic diseases. He has also applied it by inunction on the sound skin, as recommended by Dr. Closio, in the proportion of a grain to a drachm of lard. The phenomena produced by its action when the dose used is too strong, are dilation of the pupil, indistinctness of vision, confusion of ideas, slowness in answering, difficulty of certain voluntary movements, a sense of weakness, and occasionally vomiting. And since in epilepsy, as well as in many other forms of nervous spasmodic affections, particularly when of long standing, two etiological elements generally co-exist, viz: a permanent morbid condition or organic lesion, oftentimes only recognizable by the anatomist, and a predisposition in the nervous fibre in determining the convulsions, atropia, by modifying the susceptibility, will assist in diminishing the intensity and frequency of the attacks, and will thus give time for the cure or alleviation of lesions of the first class, and when an abnormal condition of the fibre exists alone, will be sufficient to eradicate the disease. The illustrious Buffalini, too, observes the author, arrived at the conclusion that tetanus consists of two elements, an exciting cause, and a peculiar modification of nervous action, a special *neurokenesis*. The author believes atropia to be always useful in spasmodic affections; whether it be administered internally or applied topically, its action, when properly used, is not only safe, but decidedly soothing.

As to the sulphate of veratria, recommended by Magendie in dropsies as an exciter of the action of the kidneys and bowels, (effects not verified by Namias,) he says that it acts upon the cutaneous surface, in various parts of which it produces a sense of pricking, formication and heat—which latter sensation extends from the throat and epigastric region to the skin itself. Of the sulphate of veratria, which is very soluble, the author gave from half a grain to two grains, in six ounces of water—daily, in neuralgic affections and rheumatic pains.

This salt excites the pulse, and in general produces perspiration, with alleviation of the pains; it is contra-indicated if acute inflammation or fever be present, causing in such cases vomiting, frequently diarrhœa, tormina and prostration of strength. In order to increase its good effects, the author, at the same time, that it was given internally, directed the ointment of atropia to be applied exter-

nally, and quotes cases showing the beneficial results of this mode of treatment. Its external application gives rise to the same phenomena as its internal application. The author is engaged in investigating chemically the cutaneous exhalations in persons treated with veratria, and from such a man science may expect much.—*Giorn Ven. delle sc. Med.* 1851.—*Bulletino delle Scienze Mediche di Bologna*, August and September, 1851, p. 178.

ART. VIII.—*Chloroform in Infantile Convulsions and other spasmodic Diseases.* By PROFESSOR SIMPSON, Edinburgh.

As the majority of convulsive attacks in infants depend upon sympathetic or functional derangements, and not on structural changes, the first indication is to discover and remove sources of irritation; and the second, to reduce super-irritability of the excito-motory system. In the more chronic cases, iron and zinc are used; in the more acute ones, antispasmodics, such as opium, hyoscyamus, and musk.

Case.—The Viscountess —— was confined on the 7th of October. On the 17th of the same month, the child was observed by the nurse to have two or three times during the day twitchings in the muscles of the face. On the two following days these increased in frequency and extent; on the 20th the convulsions became far more violent in their character, were more prolonged in their duration, and were repeated with much greater frequency. They continued with little change and no abatement in their intensity or frequency, for the next fourteen days. Sometimes they affected the right side of the body more severely than the left. In the meantims Dr. Scott and I tried a great variety of means for their relief, but all in vain. The bowels were well acted upon with mercurials, magnesia, &c., and every separate function attempted to be brought as near as possible to the standard of health. A new wet nurse was procured, lest the milk might perchance have been proving, as it sometimes does, the source of irritation. The child was placed in a larger and better ventilated room; ice and iced water were occasionally applied to the scalp. At one time, when the fits became unusually prolonged, and were not only accompanied but followed by much congestion of the vessels of the scalp and face, and an elevated state of the anterior fon-

tanelle, two leeches were applied. Liniments of different kinds were used along the spine. Musk, with alkalies, was given perseveringly for several days as an anti-spasmodic; and small doses of opium, turpentine enemata, &c., were exhibited with the same view. All these, and other means, however, proved entirely futile.

As I have already stated, it was on the 20th of October that the fits first assumed a severe character, and they continued without any amelioration for about fourteen days from that period, recurring sometimes as frequently as ten or twelve times in an honr. At last the child, who had hitherto maintained wonderfully his strength and power of suction, began to show symptoms of debility and sinking; and during the fifteenth and sixteenth days of the attack, the fits became still more violent, and more distressing in their character. They were now accompanied with moans and screams that were painful to listen to; symptoms of laryngismus and dyspnœa supervened towards the termination of each fit; and in the intervals the respiration, as well as the pulse became much quickened.

During these two last days of the disease, the exhaustation became so great, the dyspnœa in the intervals so distressing, and the fits so violent and constant (seventeen were counted in one hour,) that Dr. Scott and I gave up all hopes of the possible survival of the infant. We had exhausted all the usual means of relief. Ultimately, but much more with the view of abating the screaming, laryngismus, and other distressing symptoms under which the little patient was suffering, than with any great hope of permanent relief and cure, I placed the child, on the forenoon of the 5th of November, for about an hour under the influence of the inhalation of chloroform. During this hour there was no recurrence of the fits; but in a short time after the withdrawal of the action of the anæsthetic the convulsions recommenced with their old violence and frequecy. The benefit, however, was sufficient to encourage a longer repetition of the remedy; and from four to eight o'clock in the afternoon of the same day, my assistant, Mr. Drummond, placed and kept the child again under the influence of chloroform, a few inhalations from time to time, of a very small quantity of the drug sprinkled upon a handkerchief, and held before the face of the infant, being sufficient for this purpose. It was specially applied at any threatening of the recur-

rence of a fit, and during the four hours in question, all convulsions were in this way repressed. When the child was allowed to waken up at eight o'clock, it took the breast greedily, and continued well for upwards of an hour, when the convulsions again began to recur. At last, about 12 p. m., it was again placed under the inhalation of chloroform, and kept more or less perfectly under its action for upwards of twenty-four continuous hours, with the exception of being allowed to awaken eight or ten times during that period for the purpose of suction and nourishment. During most of this period it was carefully watched by Mr. Drummond, and at last the nurse was entrusted with the duty of adding the few drops of chloroform to the handkerchief, and exhibiting them at any time the child was offering to awaken or become restless.

After this long continuation of the chloroform, the child, on being allowed to waken up, as usual drank greedily at the nipple, and immediately fell back into quiet and apparently natural sleep. The chloroform and all other medication was in consequence discontinued; and from this time there was subsequently no recurrence whatever of the convulsions. In about ten days the infant was removed with the family to the country. I have within the last two days (December 18,) seen the child as it was passing through Edinburg. It was strong, plump, and well grown for a child ten weeks, and was, in fact, revelling in the best of health.

In exhibiting the chloroform to this infant, ten ounces of the drug were expended; but of course a large proportion of this quantity was lost by evaporation, in consequence of the mode in which it was employed.

I have known the inhalation of chloroform similarly useful in other cases in arresting infantile convulsions; but I am not acquainted with any instance in which the patient was so young as in the above instance. In the adult also, especially in cases of puerperal convulsions, I have now repeatedly seen the inhalation of chloroform as signal and satisfactory in its antispasmodic power over the convulsive fits, as it was in the little patient whose case I have described. Tetanus and epilepsy have been temporarily arrested and controlled by it; and perhaps it will yet be found one of our most certain and beneficial means in the functional forms of those different convulsive or spasmodic diseases that are produced either by an undue excitability of the spinal system, or by distant morbid irritations acting

through this, the exito-motory system. Such reflex convulsive or spasmodic affections are, as is well known, particularly common in infancy and childhood. I have seen its use arrest laryngismus, colic, hiccup, &c.; and cases have been detailed to me of its occasional successful use in asthma, spasmodic urethral stricture, &c. But there is one common and too fatal disease, almost confined to the period of childhood, in which I have seen anæsthetic inhalations successful in arresting and controlling the paroxysms, and where probably a more extended and persevering use in the employment of them would be found to be attended with beneficial effects. I allude to the whooping-cough, under the fear that they might possibly increase the great predisposition which exists in this affection to pneumonic inflammation, or aggravate the inflammation if it were already present. This *a priori* reason, however, against the use of chloroform inhalations as an antispasmodic in whooping-cough, has been of late set aside by the observations in the Monthly Journal for December, 1847, in addition to its employment as an antispasmodic, anodyne, &c., I suggested the possibility of the drug acting as a contra-stimulant in some inflammatory diseases, and particularly those of a painful kind. Latterly we have had records published of its employment in upwards of 200 cases of pneumonia in German practice. Out of 193 cases of pneumonia treated with chloroform inhalations by Wachern, Baumgartner, Helbing, and Schmidt, 9 patients died, or the mortality amounted to 4¼ per cent. Dr. Varrentrapp has given chloroform in 23 cases of pneumonia in the Frankfort Hospital. One of these 23 patients died. The detailed results in the other 22 cases seem to have been sufficiently satisfactory. At all events, the effects of the chloroform inhalations upon the cough, expectoration, &c, and upon the general course of the disease, would appear to show that we need have no fear of deleterious effects from it, as far as regarded the chance or existence of pulmonary inflammation; whatever advantages we may derive from it in relation to its prevention of that inflammatory state by allaying the cough, keeping the lungs in a relative state of quietude, and abating or restraining the succession of characteristic spasmodic attacks. I speak of course of the more severe cases of pertussis; for the milder forms of it require care merely rather than actual treatment.—*Braithwaite's Retrospect and Monthly Journal.*

ART. IX.—*Remarks on the effects of Iodine on the Glandular System and on the Properties of Kousso.* By THOMAS H. SYLVESTER, M. D., Clapham.

[Read at the Anniversary Meeting of the South Eastern Branch.]

In our journal the question has been asked whether atrophy or absorption ever takes place in the glandular system from the use of iodine? In answer to this question I would beg the favor of the present members of the Society to allow me to make a few remarks, the result of many years attention to this point. From 1834 to 1844, a great many patients, suffering under secondary and tertiary syphilis, were admitted into St. Thomas' Hospital, more especially under the care of the late Dr. Williams, who had gained a high reputation in the treatment of these morbid symptoms. Most of these patients came under my notice and particular observation, and many of the remarkable cases were entered in my note book, but one instance of atrophy or absorption of the large glands, occurred in our experience. It was thought advisable, on the recommendation of Lugol, to test the efficacy of iodide of potassium in scrofulous enlargement of the glands, and in order to give M. Lugol's method of treatment fair play, a most characteristic specimen of these affections was selected. A young woman, fat, florid, and fair, aged 18, was admitted with suppurating glands at the angle of the jaw, and others approaching suppuration, or hard and inflamed, extending to the chin, were conspicuously prominent. Eight grains of iodide of potassium, in camphor mixture, were prescribed, and steadily administered for six months, without the slightest perceptible effect on the scrofulous mass of glands, and she was presented in much the same state as at her admission. Now it happened that in this girl the breasts were largely developed, but no change was produced in their size by the treatment adopted for scrofulous ailment, notwithstanding the full dose, and the prolonged administration of the iodide.

There were at this period, before the treatment had become generally known, innumerable cases of syphilitic periostitis, in which the iodide of potassium was very successful, and yet we never witnessed atrophy or absorption of either breast or testicle during the use of this remedy. A case of simple hypertrophy of the breast was then made the subject of experiment; eight grains of the drug were ta-

ken, steadily and continuously, for three months, but no diminution of the mammæ took place.

A boy, aged 12, presented himself with immensely enlarged tonsils, and took the iodide nearly six months, without any impression having been made upon these organs. It would weary you to bring forward further illustration on this subject, and this negative kind of argument, is, I am aware, perfectly satisfactory, and may be destroyed by a single example of the positive power of the remedy in causing absorption of either the breast or testicle; but ten years' observation in a large hospital failed to furnish me with a single proof in favor of the opinion that atrophy or absorption of the glandular system, in its normal condition, arises from the use of iodine in any form. Experience as to the topical application of this powerful agent, involves an inquiry into the effects of friction, stimulation, protection and warmth, and excludes all interference as to its specific property. It must be confessed that enlarged testicles not unfrequently yield to its influence, but it will be found on inquiry, that in these cases the system has been contaminated by the syphilitic poison. The same remark is applicable to chronic induration of the inguinal glands. It is a very remarkable fact that the swelling of the thyroid body in common bronchocele, vanishes under the internal use of iodine, especially the iodide of potassium. The rapidity and certainty of its removal are equalled only by that of the venereal node; and I have sometimes thought that there might be a vital elective attraction between the iodine and the lime, which forms the basis of the nodal tumor, and is, probably the chief element in the thyroid enlargement.

It remains to be explained, how it happens that tumors, enlargements and thickenings of a nature other than have been noticed, disappear under the use, topical or internal, of the remedy in question; the explanation is undoubtedly difficult, but I may be allowed to remark, that there is an absence of permanency in the glands generally, the thyroid disappears spontaneously, the tonsils naturally at puberty, the breasts in advanced age, and sometimes the testicles and ovaries; and there are few practitioners who have not met with cases of absorption of the breast and testicles from some unknown cause, and in morbid instances, when no medicine has been

taken. I have over and over again known and seen large swellings to vanish under the long and continued application of a poultice, or wet lint and oil silk; and an equal number of failures where iodine, internally, or externally, was had recourse to, have occurred to me.

I recommend this subject to my medical brethren, and I do not hesitate to say that they will confer a great boon upon scientific medicine by determining, with certainty, the value of iodine in the cure of disease.

ON THE PROPERTIES OF KOUSSO.

Much difference of opinion still exists with regard to the specific property of koussou, or the Brayera antelmintica. It has been lauded by some as universally efficacious in the treatment of tape-worm, whilst by others it has been described as inferior to turpentine or the preparations of male fern. My attention has been drawn to this subject, more particularly of late, from learning that the price of the drug has undergone considerable diminution, and that we are likely to have a regular, abundant, and cheap supply from Abyssinia. My first patient gave *one guinea* for two doses of half an ounce each. The traveller, Mons. Rochet d'Hericourt charged M. Simon, his agent in London, £1 15s per ounce. He had in his possession 1400 pounds, which even at £1 10s per ounce, would have produced him the enormous sum of 22,400 guineas. The ordinary price of the bruised flowers and leaflets, of which I have brought a specimen for your inspection, is two shillings the ounce, It is prudent to order the drug in this form, rather than as a powder, adulteration in the former case being more difficult of accomplishment.

I have not hesitated to prescribe the kousso, at its present reduced cost, even to my dispensary patients, and the cases about to be related encourage me to hope that much benefit will be conferred upon the poor by its employment, (for it is they, chiefly, who suffer from the disorder,) and that ultimately it will be a recognized article of the materia medica.

Case:—A girl, aged 15, came under my care, at the Clapham General Dispensary, for worms; she had been suffering from this cause for nearly six years, and had undergone a variety of treatment, which had been partially efficacious, and brought away portions of

tænia; but the head could never be discovered in the evacuations. It often happened that, after taking a strong purgative, she passed fifteen or twenty feet of her internal enemy, and yet long pieces were evacuated every week or ten days. Her night dress frequently contained some of the articulations, and she was occasionally obliged to leave school for the purpose of having extruding portions removed.

Having taken large doses of the spirits of turpentine in gruel, many times, and five grains of the sulphate of iron, with a drachm of salts, three times a day for several months, without avail, she discontinued her visits to the dispensary, and placed herself under the care of my friend Mr. Angers, as a private patient. It was then determined to administer kousso, and a dose was procured at considerable expense—namely, one guinea. It proved entirely efficacious; an immense mass of the worm came away, in which, after a most careful and minute examination, the head was discovered. This part might easily escape observation, owing to its minuteness; it appears singularly disproportionate to the size and length of the animal, not being much larger than a pin's head. It is characterized by four black points like eyes, but which are really suckers, by the aid of which this parasite worm absorbs the chyle contained in the intestinal canal. I preserved this part of the animal for many months, in spirits of wine, but unfortunately my servant, by mistake, threw it away, to my very great annoyance. The first dose given to this patient answered the purpose, but it was thought advisable to repeat it, and accordingly another half ounce of the powder was infused in hot water, and taken the day after a gentle purge of castor oil. The whole of the worm seemed to have been removed, for the kousso acted gently, as before, upon the bowels, but no articulations were found; the patient remained free from other inconvenience. This patient had been under the most eminent worm doctors in the metropolis, without benefit.

Case 2.—Miss T., aged 12, had suffered for three years from tænia, and taken turpentine, senna, calomel, and the usual drastic doses. The first dose of the kousso fully answered the purpose, for, although the actual termination of the worm was not obtained, the mass was traced to a fine point, slightly jagged, and the patient has been free from the symptoms of the disorder a very long time. A

second dose was given in this case also; it acted gently, as the first had done, but the motion contained nothing remarkable. The price had now been reduced to three shillings.

It would be easy to multiply evidence on this subject, from the experienee of my professional friends, but the two cases now brought forward are sufficient to prove that the Brayera anthelmintica deserves a place in our materia medica, and a constant moderate price is the only circumstance wanting to bring it into general use. It will be observed that this success did not depend upon the activity of its purgative quality. The action was gentle, and far less severe than that of the inefficacious drastic remedies which had preceded it; we must therefore conclude that its operation is specific, and, like all specifics, it will occasionally fail. There are many varieties of the tænia, and it is not improbable that to some of these it does not prove poisonous, if its failure does not arise from adulteration. It seems to be a harmless thing, of no striking property in the human body when the worm is absent. I have given two drachms, infused in hot water, to persons complaining of abdominal pains, who formerly suffered from tænia, and it has moved the bowels slightly, and relieved the pains, just as an ordinary dose of rhubarb would do, and with no other perceptible effect. It is now pretty generally known that the Brayera anthelmintica was discovered by tl e traveller Bruce; it is classed amongst the Boracæ; and by De Candolle, in tribe v., Dryadeæ. It grows in Abyssinia to the height of twenty feet, and is cultivated every where for its anthelmintic properties. It is found in Tigre, Agame, and Shoa, and, according to Dr. Beke, through the entire table land of Northeastern Abyssinia. The bunches are gathered before the seeds are quite ripe, whilst still a number of florets remain unchanged. Its peculiar property resides chiefly in its bitter acrid resin, soluble in ether and alcohol. The decoction strikes a dark green tint with a solution of the sesquichloride of iron. Dr. Pereira, from whose paper the *Pharmaceutical Journal*, (Vol. X., No. 1,) much information on the subject may be gained, gives the following directions for its administration:—"The powdered flowers are to be mixed with lukewarm water, (for an adult, about ten ounces,) they are allowed to infuse for a quarter of an hour, a little lemon juice is then to be swallowed, and the infu-

sion to be stirred up, the whole is taken, liquid and powder, at two or three draughts, at short intervals, being washed down by cold water and lemon juice. To promote the operation, tea (without sugar or milk) may be taken. In three or four hours, if the remedy has not operated, a dose of castor oil, or a saline purgative should be administered."—p. 24.

Not unfrequently, both in public and private practice, patients present themselves suffering from tape-worm; sometimes very little inconvenience is complained of, but generally there are distinct symptoms of the disorder. I am inclined to think that the popular notion is well grounded, and that, till the head of the animal comes away, the patient is not cured. There is seldom more than one worm, and yet portions are constantly being separated, which, if they possessed independent vitality, and the power of reproduction, would assuredly fix themselves on some other portion of the intestinal tube.

The Abyssinians feed upon raw meat, and to this rude practice may be referred the prevalence of this malady amongst these people. The cysticercus is found in the flesh of the pig and sheep in our own country, and if the tænia be a developed cysticercus, its origin here would be accounted for. Some very humorous, and yet instructive remarks on this subject are contained in the last *Edinburgh Monthly Journal*. It is more than probable that the ova of the tænia, the ascaris, and some other parasitic animals, find their way into the human body through the unprepared or uncooked materials of our food. And it may be further remarked, that a low degree of vitality of the system greatly predisposes it to their attacks, and hence the value of steel, and other tonics, by way of prevention and restoration.—*Prov. Med. and Surg. Journal.*

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

1.—Operative Surgery—*Illustrated.* Containing more than nineteen hundred engravings, including two hundred original, and fifty colored drawings, with Explanatory Text. By R. J. Piper, M. D. Also a Chapter on the use of Ether in Surgery, 12mo. pp. 384. Ticknor, Reed & Fields, Boston, 1852.

This work is constructed upon a plan so entirely different from those in the same department which have preceded it, that it requires an especial notice. For a book containing but 384 pages, it is quite voluminous, and this indeed is no matter of surprise, as it contains also nineteen hundred engravings! It is in fact a book of plates, the text being little more than explanations. It contains a mixture of *pantomime* and language, intended to be enough of the latter to make the former perfectly intelligible. Appreciating the advantages of pictorial illustrations in Operative Surgery, the author has employed this means to its fullest extent, and, by a methodical and skillful arrangement, he explains by pictures and talks by signs, so that the text comes in as a secondary consideration. For certain purposes this plan will succeed; for instance, when instantaneous reference is demanded and when there is no time for deliberate investigation. A glance at the illustrations and a moment's reading, displays in coarse outline the whole matter under consideration, and the surgeon is thereby much better prepared for the emergency before him than he would have been without it. It is true, as the author remarks, that "a picture often presents to the eye at a glance more satisfactory and precise information than a protracted description," and the impression upon the mind is more lasting.

Our first impressions of this work were not of the most favorable kind—but, on looking over its pages of explanations, and its brief allusions to the principles and concise descriptions of the operations of Surgery, we are inclined to indulge a much more exalted opinion of it. It is really an excellent epitome of Practical Surgery, so tho-

roughly and beautifully illustrated by a perfect multitude of plates, that the student and young surgeon can, not only well afford to have it in their library, but cannot as well get along without it.

The mechanical execution of the work is executed upon the English plan. The paper is of the best quality and the type is clear and beautiful. On the whole, the author and publishers have succeeded perfectly and have done themselves great credit in its literary and mechanical execution.

2—Obstetrics. *The Science and the Art.* By Charles D. Meigs, M. D., Professor of Midwifery, &c., in Jefferson Medical College at Philadelphia, &c. &c. &c. Second Edition, Revised; with one hundred and thirty-one Illustrations, 8vo., pp. 759. Philadelphia: Blanchard & Lea. 1852.

The works of Professor Meigs are too widely known and too thoroughly appreciated to need any commendation from us. It is sufficient for us to say that a new edition has been demanded, and the present, which is a decided improvement upon the first, supplies the demand. The author remarks that "it may not be out of place to say that, besides the relation of new cases, the recasting of my remarks or Cyanosis and many fuller explanations of motives in practice, I have substituted for the former chapter on Puerperal Fever, a new chapter under the head of Child-Bed Fever. In that chapter I trust I shall be found to have made somewhat more clear and intelligible the views that I deem most important upon the nature, seats, causes and treatment of that disorder, and that I have also set forth, with sufficient clearness, the motives that have long impelled me to reject the doctrine of its contagiousness."

The style of Dr. Meigs is evidently peculiar to itself, and in many respects objectionable. It is too *dashing* and *head-long* for a standard scientific work. Still, being always sure to awaken and fix the attention of his reader, and displaying a vast amount of sound practical information, the profession seems inclined to excuse his singularities and place his works among the choicest contributions to medical literature. On the whole, we have reason to be proud of Dr. Meigs as an American writer. Few works in any country have been more widely circulated and more generally approved than his, and conse-

quently, we cheerfully commend this work on Obstetrics to the favorable consideration of our readers.

3.—*Practical Hints on the Teeth.* By W. E. Ide, M. D., Dentist, Columbus, O., 1852. Scott & Bascom, Printers.

The above is the title of a very neat little book from the pen of our townsman, Dr. Ide. The well-known high professional reputation of the author is a guarranty for the soundness of its teachings; and, upon a careful examination of its contents, we unhesitatingly pronounce it a truly valuable little work.

It has been justly said, long since, that a great book is a great evil; and, in this respect, the Doctor can felicitate himself in having, in such a limited space, conveyed so great an amount of information. There is not a sentence in it which is not of real, practical utility. The necessity of the preservation of the *Teeth*, much less as a mere personal ornament, than the vast influence which their condition exerts over our physical well-being, is yet, we are sorry to say, far from being properly appreciated. A very little attention to the subject, would assist much in dispelling this lamentable ignorance; and, we are happy to say, the laudable efforts of Dr. Ide, in placing before the community these *Practical Hints*, have supplied a great desideratum, which we hope will be duly appreciated.

As commendatory of the object arrived at by the Doctor, and the manner in which he has effected his purpose, we are pleased to see that a vote of thanks has been tendered him by the New York Dental Society, and a very flattering notice of his book, made in the Dental News.

There is one way in which *these limits* are calculated to be eminently serviceable, we mean in guarding the community from the inroads of presumptive and officious quackery.

Though designed for the non-professional reader, they are strictly scientific in their teachings; and a careful perusal of them will enable any person of moderate intelligence to form a pretty correct estimate of the mechanical skill and scientific attainments of those whom they may wish to employ in the capacity of dentists.

The work is for sale at the Bookstores in the city; and we hope heads of families will procure it and place it in possession of their children.

PART FIFTH.

EDITORIAL AND MISCELLANY.

Progress of Empiricism.

And what can we say, to interest our readers, on this lamentable and threadbare subject; and what can our puny arm or pen do to stay the onward progress of Quackery? Probably absolutely *nothing!* Of what use is it then, to touch the subject if the evil can neither be palliated nor cured? We answer that it is always well for physicians to understand the nature and progress of every disease, however intractible or fatal in its tendency. He should study to know what can, and what cannot, be cured by remedial agents, else no rational prognosis can be made out, and many ill-directed efforts and means are worse than wasted. The traveller passing through regions infested with venomous reptiles, studies their natural history and evil propensities, and flees from the hydra-headed monster which he knows he cannot kill. He knows that a war with rattle-snakes would be as irrational as Don Quixotte's war with windmills, and both would be no less bootless than a physician's war with quacks. While then, we would not enter upon a contest, or war of extermination, with medical empiricism, we are inclined, incidentally, to make ourselves and others, so far as practicable, acquainted with its strongholds, its prospects, its changing phases, and its rottenness.

It is a humiliating fact, that quackery not only exists, but flourishes in our country. It is confined to no locality—to no race nor grade of society; a portion of every class in every community swallow its mysterious absurdities, and become intoxicated by the charms of a new system of therapeutics. The habits, tastes, modes of thinking, and ranks of intelligence, of any people, are not more diversified than the fallacious systems of medicine constructed for the especial gratification of each. There is a system for the vulgar and another for the elite—one for those who seldom think, and another for those who do little else but think. The poor illiterate man who believes there are but four elements—earth, air, fire, and

water—adopts the vagaries of Thompsonianism. He of strong and abounding prejudices, takes Eclecticism and discards minerals. He who spends his life and energies in constructing etherial and unphilosophical systems in Theology, and teaches that this, that, or the other is the only one whereby man can be saved from eternal death! —usually accepts the superlative absurdities of Hahnemann, and talks loudly and sanctimoniously of the astonishing effects of sugar pillets medicated with charcoal or sulphur. Certain persons, in every neighborhood, are forever in hot pursuit of some irregular system of medicine, and they seldom, or never, employ regular physicians. If they become disgusted with the vulgarities of the steam practice, they perhaps turn, for relief, to the botanic system, and thence to homœopathy, but seldom to rational medicine.

And why does quackery thus abound? Why is it that Homœopathists, and other pretenders, are becoming more and more numerous? Why are quacks—of every description, who darken and curse our whole land—not only treated civilly, but sustained and employed by the high and the low, the rich and the poor, the learned and the ignorant? The answer lies lies in the constitution of many, and not in the truth or fallacy of the system of Medicine under consideration. Truth is simple—aye, indeed!—and here is the difficulty—it is too simple for some impracticable minds. Simple, unadorned truth is often sacrificed to perfect a beautiful system. This system is used by the designing knave to gratify selfish purposes, and while he engages most vehemently in explaining its beautiful rationale, the wonder-loving crowd is dazzled, and then converted.

Powerful efforts are now being made, all over our country, by the medical profession, to lay "broad and deep," its foundations in Science—to strengthen its stakes, and to elevate itself by more perfect organizations and systems of primary and professional education. One of the great arguments used in favor of these efforts, is that quackery will be overcome thereby, and will be driven discomfited from the world. The motive is excellent, but in our humble estimation the hopes of those engaged in the work are destined to be disappointed. True, ignorance in a regular physician, disgraces the regular profession, and meanness *may* indirectly play into the hands of the pretender. Our noble calling is doubtless often injured in its fair name by the derelict sons of orthodox schools, *yet* strong organizations, and all the high and holy purposes of a united profes-

sion, can never kill quackery, nor stay its progress. While hundreds of learned and skillful physicians and surgeons are daily insulted and dismissed by more or less intelligent people, for the purpose of giving place to vile, shameless, and unconscionable quacks, how is it possible to gain the ascendancy over quackery by elevating the standard of education? In our own city, in neighboring cities, villages, and in the country, irregular professional ignoramuses are permitted and encouraged to ride "rough-shod" over our best physicians, and by bragging, fulsome promises, and *lying*, they reduce the patronage of the latter and drive them into other avocations. True again, the present popular systems of empiricism will live through their day and die an ignominious death; but they will be sure to give place to others, if possible, more absurd, and perhaps more disastrous in their results; already we see new systems announced, and, like the encroachments of cholera in the east, we see in the distance their strides and read of their conquests.

The above desultory remarks were suggested by reading the private letter of an excellent professional friend, in a neighboring county, whose name we are not permitted to give. His expressions and conclusions are paralel with thousands of others. He says:

"If you have any curiosity to know how a *retired* physician feels, I can inform you that he has a feeling of *relief*. But perhaps the idea of a retired physician is, one who has quit practice to live in lesiure upon the fortune he has made; and if so, I do not answer at all, for I am as thoroughly engaged in business as ever, and not merely for the sake of employment and to prevent the ennui which is liable to afflict gentlemen on retiring from the active pursuits of life to enjoy *otium cum dignitate*, but for the vulgar object which forms the chief motive of all effort, that of gathering up a little more of the "filthy lucre." * * * *

"I have been influenced in this step quite as much, perhaps, by the consideration that the practice of medicine, as it now goes, is exceedingly irksome, and fast growing in this quarter, to be *disgusting*, by the rapid thickening upon us of quack systems, which suit the public caprice far better than scientific medicine.

"I do not expect to find any employment so congenial to my taste and feelings as the practice of medicine in a proper state of public opinion and the prevalence of sound ethics among the members of

the profession—conditions, however, from which, it appears to me, we are rather *receding*, at any rate in this region. If I have rightly observed the tendency of things, they have been gradually growing worse in these respects for the last fifteen years, and the progress in *that* direction is still acquiring force.

"It may be that local or peculiar circumstances have given me the *jaundice*, and that I look on the general aspect of things through a false medium; but whether it be so or not, I cannot help admitting to myself that I quit the profession with considerable regret, for I entered into it originally with a devotion, and pursued it for many years with a love, that I can never realize in connection with any other pursuit.

"All this, however, is of little importance to any body but myself. It is not among the least of my regrets, in giving up the profession, that I separate myself *professionally*, (I hope not *personally*,) from many gentlemen from whom I have received tokens of friendship, kindness and esteem, which it would be as impossible, as it would be ungrateful in me, to forget; and among which number permit me to assign to yourself a conspicuous place in my present and future recollections.

"*You*, my dear sir, are in a different position. You are in the full tide of successful business, in practice and in teaching, battling with energy for the honor of the profession as it ought to be in its own estimation and the public eye; full of hope, courage and zeal, and rising rapidly to the zenith of your usefulness and ambition; and, since I find myself unconsciously writing a sort of professional *valedictory*, to you, I will conclude with hoping that you will never see cause to follow *my* example, but on the contrary, that you may hold out to the very end, and realize, by the success of your efforts, your highest hopes and aspirations.

"I am, very sincerely, yours, &c."

While we are pained at the success of professional impudence and encroachments of charlatanism, we would not, like our esteemed friend, give up in despair. While we are disgusted and frequently *injured* by the caprices of men, we still would not give up the ship. There is a substratum in society which cannot be carried away by the visions of refined fools. We might as well undertake to persuade the sun to depart from his course in the firmament, as to induce the majority of men to employ quacks to treat their dis-

eases. Besides, the stern voice of duty calls and impels us on in the arduous and frequently unrequited toils of our profession. Suffering humanity, after all, demands our feeble services; and, although we may be contemned by the deluded, we shall be approved by a good conscience and rewarded by the grateful acknowledgements of those whose esteem we prize.

The Philadelphia Medical and Surgical Journal.—This is a semi-monthly journal, published in Philadelphia, at one dollar a year, and edited by James A. Bryan, M. D., Professor of Surgery in the Philadelphia College of Medicine, &c. &c. Each number contains sixteen pages. Professor Bryan has already distinguished himself as a teacher of Surgery and a writer of no inconsiderable merit. His contributions have hitherto, we believe, been made to the New York Journal of Medicine, and to the readers of that Journal he is very favorably known. His Journal is conducted with spirit and ability, and we trust its patronage will be commensurate with its high claims to favor. Professor Bryan has our best wishes for his success in his new enterprise.

The Nashville Journal of Medicine and Surgery.—Professor Eve, one of the Editors of this Journal, and among the ablest and most popular Surgeons of the South, has spent the past season in Europe, and has graced the pages of his Journal with several most interesting letters respecting the men of our profession there; some of their sayings and exploits and the opportunities there to be enjoyed. As this is his fourth visit to the Old World, and as he has long been a distinguished member of the medical profession, he is eminently qualified to speak truthfully of all that is to be seen and enjoyed on the other side of the Atlantic. As he is now probably about returning to his own country, we cordially welcome him to our shores, and wish him many years of happiness and usefulness in that profession of which he is an ornament.

Transactions of the Medical Association of the State of Missouri. at its Second Annual Meeting, April 9th, 1852.

These transactions are characterized by ability. The Appendix contains a goodly number of Reports and Essays which do great credit to their authors and to the Medical Association of Missouri.

Transactions of the Third Annual Meeting of the Medical Society of Georgia, April, 1852.

Transactions of the Medical Association of Southern Central New York, at the Annual Meeting held at Oswego, June, 1852.

Transactions of the Illinois State Medical Society, for the year 1852.

Transactions of the Medical Society of the State of Pennsylvania for 1852.

The foregoing publications have been received within the last few months. As to literary merit and mechanical execution, all of them reflect the highest credit upon the societies for which they are published. Each and all of them contain a vast amount of valuable information, mostly in the form of Reports on the different departments of Medical Science. They indicate a prosperous condition of our State Medical Organizations, and show most clearly that our noble profession is not only determined to maintain its high standing, but to advance in usefulness and in every good work. We only regret that our own State Society has generally been so remiss in the publications of its Proceedings and Reports.

Prize Essay.—By the following letter, our readers will learn that, for the best Essay on some Medical or Surgical Subject presented at its next Meeting, the Ohio State Medical Society will award a very handsome prize. So far as we know the history of the Ohio Profession, this movement is unprecedented in our State. We have a very favorable opinion of this method of improving our Medical Literature, and we have no doubt there are a goodly number of professional gentlemen in our State, whose talents are buried for want of sufficient stimulus, who would do themselves credit and the world a benefit by answering this call under the extra stimulus proposed. The Society is certainly under deep obligations to the Cleveland profession for the generous part it has taken in the matter. We are fully of the opinion that if the funds usually expended in providing sumptuous entertainments and grand *jollifications*, were annually appropriated in some way for the advancement of Medical Science, the interests of all concerned would be more eminently subserved. We, for ourself and for the profession, most cordially thank our Cleveland brethren for their praiseworthy example, and we do most ardently hope it may ever be followed at all our annual meetings.—Ed. Journal.

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Professor Howard:

Dear Sir:—At the late meeting of the Ohio State Medical Society, the following resolutions were unanimously adopted, to wit:

"That a prize of Fifty Dollars be offered for the production of the best Essay on such subject as shall be specified."

Be it Resolved, That the President appoint a committee of five members to specify the subject, to receive the communications, and award the prize to such person as in their opinion possesses the greatest merit.

Resolved, That competitors for prizes deliver their communications on or before the 1st of Feb., 1853, and that the committee report at the next annual meeting of the Society.

I would merely add that the Physicians of Cleveland have contributed seventy-five dollars in addition to the above amount, which will make the prize one hundred and twenty-five dollars.

The committee have concluded to permit the competitors for said prize to select their own subject, (Medical or Surgical of course,) and request that the same be forwarded to the undersigned at Columbus by the time above specified. The following rules have been adopted: Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations will be deposited with the Chairman of the Committee, from whom they may be obtained with the sealed packet unopened, if called for within six months after they have been received.

The Committee will not consider themselves as approving the doctrines contained in any dissertation to which the premium may be awarded.

That in case of the publication of the successful dissertation, the author is considered as bound to publish the above in connection therewith.

W. W. RICKEY. Chairman
Committee Prize Essay.

Medical Schools.—This is the period when Medical Students are flocking to the various Schools of our country for instruction. The *hard work* of the winter's course of lectures has already commenced in all or nearly all the Colleges, the Faculty of each vieing with all their neighbors in efforts to please, to inspire with enthusiasm,

and to instruct its class. It is a generous and noble competition. It incites a glowing and healthful excitement, among the various corps of teachers, which is sure to be communicated to the members of the classes. In illustrating and digesting the dry technology and abstruse didactics of our profession, a little fermentation and excitement is desirable—it is necessary. While we intend, by all honorable means, to draw as large a class of Students as possible, and to advance the interests of the Institution with which we are connected, we nevertheless feel to bid sister Institutions God speed, and wish them every success.

Ohio can boast of perhaps more Medical Colleges, in proportion to the number of her Students within and beyond her boundaries, than any other State in the Union. Three of these schools have been established and in a flourishing condition for several years. We allude to the Ohio Medical College, the Cleveland School, and the one located at the Capital. These have enjoyed a flattering degree of prosperity, and it is supposed by many that these are sufficient to afford every facility to all students in their vicinity. It has been believed by some, however, that more schools might prosper, and consequently two have been added to the list, making five regular schools. Of the fourth, we have nothing to say, as we know very little of its faculty, and nothing of its facilities for instruction. Of the fifth and last one organized, little is yet known, as but a few weeks have elapsed since its faculty issued its first Annual Announcement. The Miami Medical College has just taken its place among the regular schools of our State and country. In our last number, we took occasion to allude to it and to all the schools in Cincinnati, regular and irregular, in a playful way, but unfortunately certain portions of our notice gave offence to some of our long-cherished friends, whom we would be the last, wittingly, to offend or afflict in the slightest degree. Indeed, had it not been that we supposed ourself on intimate terms with several members of the new faculty, we should not have dealt in railery at all—and we take this public manner to express our regret if we said aught which would in the least mar the fair name of this new candidate for public favor. In seriousness, if *jokes* are not relished, we take great pleasure in expressing our high opinion of the faculty of the Miami Medical College. We but join the entire profession, when we express our

highest admiration of Professor Mussey, as a man of learning, as a man of the purest moral character, and as a distinguished Surgeon. Professor Judkins was our former excellent colleague, with whom we parted with many regrets. Professor Mendenhall is not only our tried friend, but a *tried* ornament to our profession. Those who know him, acknowledge him to be every way worthy of the position he occupies, and a most indefatigable and devoted physician. Considering the time we have known Professor Comegys, we could say as much as for any other man in our acquaintance. He is a man of decided ability, and rapidly rising in the esteem of his professional brethren. Professor Murphy is a bold, energetic man, censorious perhaps to a fault, but will stand up for the right and for the honor of his profession fearlessly, regardless of personal considerations. His industry, and fluency as a speaker, admirably fit him for his department. Of the other members of this Faculty we cannot speak from personal acquaintance; but, from their reputation, we believe them to be eminently qualified for the important duties devolving upon them. This School, supplied as it is, with extensive pathological cabinets and able teachers, must succeed, and we extend to it our best wishes and the right hand of fellowship.

Dr. Samuel G. Armor, late Professor of the Theory and Practice of Medicine, in the College of Physicians and Surgeons, of the Ohio University, has taken up his residence in Cleveland. He expects, we learn, to resume his connection with the Cleveland University as Professor of the Natural Sciences.

Gum-Elastic Cups.—We have been presented with a set of gum-elastic cups, manufactured by our esteemed friend, Dr. Whitney, of Ashland Ohio. There are four in each set, and are so graduated, as to size, as to be capableof being placed one within the other, like a set of weights or measures, occupying but a small space. Being hemispherical, they are readily exhausted of air by placing the edge upon the part to be cupped, and pressing upon the convex portion. But slight pressure is required, and they adhere with sufficient firmness to effect most thoroughly either wet or dry cupping. They are

portable, never break, and can always be used without lamp, alcohol, or pump. We look upon these cups of Dr. Whitney as a decided improvement, and while we would most cordially recommend them to our professional brethren, we hope the Doctor will realize a handsome reward from their manufacture and sale.

Disarticulation of the Lower Jaw.—Professor Carnochan, of New York, has succeeded in removing the entire lower jaw, for necrosis. This is a formidable operation,—we are impressed with the belief that the operator's claims to priority are well founded. The patient has entirely recovered, and is said to be in the enjoyment of excellent health.

Belmont County Medical Society.—The minutes and proceedings of this Society for 1852, reached us some months since, but having been mislaid, the pamphlet has escaped our notice until the present time. We are confident that few County Medical Societies in our country have sustained their organization longer, or done more for their own professional advancement, than that of Belmont, Ohio. The profession in that county is made up of men who seem to stand shoulder to shoulder, and while each strives to qualify *himself* for the arduous duties of his profession, he is willing to contribute every necessary exertion to diffuse sound knowledge among his brethren. As an evidence of this we find the transactions of this society enriched with Essays, Reports, Cases, and Addresses of a most interesting and creditable character. The transactions for the present year contain certain papers from Drs. Hoover, Wright, Hamilton, Estep, Gaston, Coleman, Hewetson, and West, on subjects of vital importance. We wish the Society continued and still increasing prosperity, and we hope our friends will repeat their contributions to the literature of Medicine and Surgery.

The Ohio Journal of Education.—Number 11, of Vol. I of this Monthly Journal has just been received. It is published under the auspices of the Ohio State Teachers' Association, at one dollar a year, in advance; and edited by A. D. Lord, of Columbus, H. H.

Barney, of Cincinnati, J. C. Zachos, of Dayton, M. F. Cowdery, of Sandusky, J. W. Andrews, of Marietta, and Andrew Freese, of Cleveland. The business department is under the management of Lorin Andrews, of Columbus, Ohio.

We have not the pleasure of a personal acquaintance with the above corps of editors, with the exception of the first, who is our friend and esteemed fellow citizen, Dr. Lord. He, in an unassuming and noiseless manner, is, in our opinion, doing as *much*, and probably more, for education in Ohio, than any other man. The great work of educating the rising generation is the dearest object of his heart, and success therein the highest object of his ambition. He has been for several years a practical Teacher and Superintendent of our Public Schools, and is emphatically adapted to the important post he occupies. The Journal, of which he is the principal editor, is ably conducted—its Essays, on educational subjects, written by talented and practical men, are excellent, and always interesting; indeed, for its own intrinsic merits, we commend it to the favorable consideration of every man and woman in our State.

Annals of Science.—This is the title of a Bi-Monthly periodical published at Cleveland, at one dollar a year, the first number of which we have just received. Its editor, Hamilton S. Smith, A. M. proposes to give a "Record of the Inventions and Improvements in applied Science." Such a periodical as this is needed. Think of it!—"the improvements in applied science," *everywhere*, are brought within a narrow compass, and placed before us once every two weeks. Mr. Smith is said to be a distinguished scholar, and eminently qualified to superintend such a work, and we are happy to say his first number sustains his reputation. May Mr. Smith succeed according to his wishes and high deserts.

Transylvania Medical Journal.—This Journal, which has hitherto been under the charge of Professor E. L. Dudley, has passed into the hands of Dr. S. J. Frazee, formerly of Maysville, Ky. Its new editor, though personally unknown to us. has our best wishes for his success. He seems *at home* in his new field of labor. He will doubtless enjoy it, but he will find that even editorial labors and responsibilities are not *all* rewarded as they frequently deserve.

THE ORIGIN OF GALVANISM.

Galvani's wife with sickness spent,
For food expressed a wish;
A hunting frogs the good man went,
To make a savory dish.
All honor to Galvani,
For o'er the country ran he,
Through muddy bogs, a hunting frogs,
To nourish dame Galvani.

When with the nerves of limbs exposed,
Metals in contact came,
A world of science was disclosed.
And universal fame.
To virtuous Galvani,
Ingenious Galvani,
Be always kind, and bear in mind,
The triumphs of Galvani.

Had not the faithful husband sought,
To soothe a wife adored,
The frogs for soup had not been caught,
Nor science been explored,
By great and good Galvani,
Uxorious Galvani,
All those who wive sho'd ever strive
To imitate Galvani.

O ye who matrimonial sway,
And tender smiles regard,
Let kindness rule by night and day,
And reap a rich reward.
All honor to Galvani.
Affectionate Galvani,
Those who have strife in married life,
Should think upon Galvani.

W. C. W.

[*Scalpel.*

Hints on the Teeth.—We would refer our readers to an appropriate notice in Part IV, of a very neat little volume, with the foregoing title, written by our friend, Dr. Ide, of our city. It is certainly a very creditable contribution to dental literature, and is, as it is designed, admirably adapted to popular literature. It contains a vast amount of information, which all who have, or desire to have teeth, should possess. As a specimen, we quote the following, which is excellent in itself, and shows something of the author's ability to do justice to the subject:

"The foul, fetid breath, that makes the personal proximity of some individuals almost intolerable, is, in nine cases out of ten, wholly caused by the diseased, purulent secretions of the gums, from an accumulation of tartar infringing upon them, or from decaying particles of food that are permitted to lodge in and about the teeth. The noxious gases that are thus generated being mixed with the atmosphere, are inhaled into the lungs, and not only exert a deleterious influence upon their delicate mucus surfaces, but are absorbed into their cells, and carried into the circulation of the blood. A place where an atmosphere should prevail that contained a tithe of the pestiferous effluvia that is thus breathed by persons whose gums are in this condition, would be avoided as would the poisonous Upas; and yet, through inadvertence, or want of information, many continue for years, thus to injure their health, and render themselves obnoxious to all around them. The stomach and lungs are the fountain from which the wastes of the whole system are supplied. What-

ever impairs or perverts their action, deranges the whole system and carries the elements of disease to every organ. Consumption, dyspepsia, general debility, tic doloreux, headache and the whole chain of ills to which the flesh is heir, may be directly or indirectly induced, or at least aggravated by dental imperfection, or irritation. The writer has had numerous cases where symptoms of one or more of these diseases have been cured or materially relieved, by an operation on the teeth."

Physicians, whose breath is *re-inhaled* more than that of any other class of community, above all others—need such a little monitor, and we advise them to purchase it. It will *pay*.

Is the Multiplication of Schools an Evil?

This is the season of the year in which, by almost unanimous consent, the various Medical Schools of this country commence their annual courses of instruction. As students are seen flocking by scores and by hundreds to these now numerous institutions of learning, the thought may naturally arise that the ranks of the profession must speedily be overflown by the new recruits thus volunteering for a life campaign against the enemies of our mortal existence. This thought does actually arise in many minds, and finds expression, oftentimes in the language of regret or indignation, at the multiplication of Medical Colleges—as if these were manufactories of students *ab initio*—and therefore accountable, not only for the character and qualifications of their graduates, but also for the very existence of the supposed superabundance of the *raw material!*

We do not propose to argue the question whether the multiplication of shools tends to the increase of students—doubtless it does to some extent. When the means of instruction and education are brought to our very doors, our attention is unavoidably directed thereto, and we cannot, if we would, avoid asking ourselves the question—whether it will be to our advantage to avail ourselves of these opportunities?

But there are some other inquiries which may be made in reference to this subject, whose consideration may throw some light upon the real value of medical schools. Suppose there were but two or three medical colleges in the United States, and these were located in the two or three most populous cities, and consequently far re-

moved from the great masses of the people, and accessible only to such students as have abundant means to defray their expenses—the number of pupils in these schools would doubtless be far less than is the aggregate number in all our institutions at present. But suppose the number would be sufficient to supply every two thousand inhabitants with a physician, and to fill the vacancies in their ranks as fast as death should create them—would these men actually do all the medical and surgical practice of the country? Would there actually be no practitioners except the graduates of these metropolitan schools? Would the whole people come into a spontaneous agreement to employ these men and them only? *I trow not!* But if they would even do this, what guaranty have we that these two or three huge, purse-proud, avaricious, aristocratic schools, would always give us none but the first class of medical practitioners. Is it in accordance with the principles of human nature, and with actual experience, to suppose that teachers will become more assiduous and faithful by giving to them enormous salaries, and thus rendering them more independent of their vocation? Is not competition a necessary and salutary stimulus to faithful, persevering diligence in every calling and avocation?

Besides, if teachers would labor with all zeal and faithfulness, would the class of *pupils who could and would* resort to these metropolitan schools be such as to insure the public against licensed ignorance? Even as the thing is now, do those who spend the most money, and graduate at the most expensive and popular medical schools, compare favorably, in point of talent and qualifications, with the alumni of less pretending institutions? On the contrary, is it not admitted, almost universally, that the *poor students*, in all our institutions of learning, whether literary, scientific or professional, are proverbially the *best students*, and make the most useful and practical men? But these poor students, if they would become physicians, cannot command the means to enjoy the privileges of distant and expensive schools in great and expensive cities.

Doubtless there are, in some parts of the country, more medical colleges, both orthodox and hetrodox, than are needful or profitable. Ambition to become a medical teacher, rather than a desire to benefit medical students, and, through them, the public at large, sometimes doubtless has an undue influence in securing the establishment

of medical schools. But yet, the very multiplication of these institutions, is not an unmitigated evil, as some seem to suppose. Competition and rivalry in respect to the excellence of the matter and manner of the instruction, is a blessing; and the facility and cheapness whereby the means of instruction and information may be enjoyed by all who will practice medicine, is also a public blessing.

As to the schools of the "disorderly sort," even these cannot *certainly* injure, and may possibly *benefit* those who are given over to quackery.

INFIRMARY FOR THE TREATMENT OF CHRONIC DISEASES.—We know not that we need apologize for asking the especial attention of our friends and readers to a matter particularly interesting to ourself, and interesting also to those who are afflicted with chronic curable diseases. We have, at a very heavy expense and much personal labor, finished, furnished, and put in complete order, that portion of Starling Medical College designed by the founder of this institution for hospital purposes. There are three large apartments, capable of accommodating fifteen patients each, besides some ten or twelve spacious rooms for the accommodation of gentlemen or ladies who wish to be retired and free from every possible annoyance. All these apartments are now tastefully, and many of them elegantly furnished, so as to meet the wants and satisfy the desires of those who have been accustomed, at home and elsewhere, to enjoy the luxuries of life. Extensive arrangements are making, by which the cold, warm, sitz, douche, and shower baths, will be applied to every useful purpose. Vapor baths, and medicated fumigations will always be in readiness for the treatment of diseases of the skin—a class of disease proverbially obstinate under ordinary treatment. In fact, every thing so far as household arrangements, ventilation, salubrity, convenience, and beautiful views are concerned, will be at the command of the proprietor, in the treatment of such as commit themselves to his care.

Mrs. Wright, who is known to many people in Ohio as a kind and intelligent lady, and who has for several years discharged important duties in one of our State institutions, in a most acceptable and creditable manner, has been appointed matron of this institution. She

is already on duty, and will take great pleasure in administering to the comfort and facilitating the cure of those who come hither for relief. Assistants are employed in every department of the house to carry out the directions of the professional attendant.

As our building and apartments are now ready for occupants, we place them with all our increased facilities for treating disease before the public, and ask for them a favorable consideration. But we desire to do this through our professional brethren, and therefore we address ourselves to the medical profession, and *mainly by* its favorable opinion, and *through* its instrumentality, we expect our institution to be patronized. As physical arrangements merely, however elegant and commodious, can never remedy the ills which flesh is heir to, we must of course, with due diffidence we trust, place our own professional skill in the scale and before the public, as the principal means by which good is to be effected, and cures performed—Of this we cannot speak. We place our claims to favor in the hands of those who are competent and have the right to estimate them according to their value. We have no desire to transcend our true merits. Should our professional brethren approve our enterprise, and commend our facilities and our professional services to the afflicted, we shall be duly sensible of their kind partiality, and make appropriate acknowledgments for the same.

☞ As the practice, of which the following article complains and describes, is so general, we feel inclined to give it to our readers, from the editor of the N. Y. Scalpel:—[Ed.

Hotel Practice in New York—An Infernal Abuse.—"*He was a stranger and we took him in.*"—The abuses of our profession demand the eyes of Argus, and the arms of Briareus. If father Jupiter paid that old coon for guarding Io no better than our brethren pay us for watching over their characters, we don't wonder Apollo has given so large a number of them to the devil. It would seem that "respectable gentlemen in black" (we think our brethren have selected a most appropriate color for their dress), have given them special counsel in getting up the system of practice at present pursued in the "Hotel Practice" of our city. The cookery and ventilation in these "magnificent establishments," together with the refined and fastidious palates of a large portion of the travelling pub-

lic, afford uncommon facilities for practice upon their bodies and their pockets. The physician who has given a philosophical glance at the valiant trenchermen engaged at their suppers on board a North River steamboat, and then, after fortifying his stomach with a glass of brandy and water, and his nose with a piece of camphor, descended into that "iferno," the lower cabin at midnight, has had a practical idea of the facilities for "Hotel Practice." On board the boat, the patient spends but one night; at the hotel usually several; he is generally ready for practice by the third night, when the operation commences. Nine out of ten of the cases of sickness at these places are cholera morbus, demanding no more than a purgative, with a little laudanum, or Tinct. Hyosciamus, fresh air, and a little light soup; but getting considerably more, as you shall see. The discoveries of modern "Hotel Practice" may be of service to our country readers; if editors will give the hint, they will probably get no drinks gratis when they come to the city.

A violent pull at the bell summons the porter, who is requested to bring a doctor immediately; he may be requested to bring a gentleman of character; 'tis all one, however, he has received his cue from the bar-keeper, and there is an "arrangement." He assures the gentleman, in the midst of his writhings and groans, that Dr. Snooks is one of the first medical men in the city, whose skill has often been tested in the house; the Esculapian is summoned, and is soon at the bedside. The sick man, being in an admirable condition to acknowledge sympathy, receives it in abundance, and at suitable intervals a few calomel pills, and occasional reminders of "doing something," at the lower portion of his intestinal tract. He is regaled at suitable intervals with a joke, a little laudnum, peppermint or camphor, with a few drops from a wonderful little bottle, which the doctor takes from his side pocket; he is learnedly informed that the primæ viæ must be cleared out. This is very satisfactory, and convinces him of the doctor's intelligence. The window is judiciously closed, for fear of his "taking cold." The doctor endures the poisoned atmosphere, which has mainly produced the attack, by the aid of an occasional escape and visit at the bar, or a drink from his pocket pistol, and a walk in the hall. Towards morning, if nature be merciful, and the pills retained, relief follows. If the patient were now let alone, and could get a little fresh air, some

clean and simple meat broth, and the attention of a mother, a wife, or a sister, he would be out next day; but this is no part of our philanthropist's plan; it wouldn't pay house-rent and horse-keep, and servant-hire. He is therefore well dosed for three days, to overcome the "tendency to inflammation of the bowels;" mustard plasters are freely used, and he may thank heaven if he escapes leeching and blistering. When he evinces a disposition to bolt, and relates his former experience in a similar case, where he was not so fortunate to meet with any one but his poor country doctor, (who of course had only one old horse, and neither rent nor servants to pay,) —he is frightened with tales of the "epidemic condition of the air in the production of dysentery, and several severe cases now under treatment," &c., &c., with the story of Mr. So-and-so, who "was doing very well till he insisted on going home, where he speedily died," &c., &c. Another week's treatment with tonics, is the consequence of this rascality, and a bill of $50 or $75, per centage to the bar-keeper off.

Those who come to the city with chronic diseases, desiring to submit to the treatment of some gentleman previously selected, generally escape this miserable rascality; by no means, however, without hints and inuendoes of the superior skill of their favorite physician, who may, however, never in his life have seen or treated such a case as the one at hand. There is not a practical man in this city, of any character, who is not perfectly aware of the truth of this expose, and we most earnestly hope this statement will be extensively copied. Our editorial friends can not better serve the cause of humanity. More of this anon.

Professional Aphorisms.—The talented editor of *L' Union Medicale*, lately gave a few extremely apposite and amusing professional aphorisms, in one of his clever *feuilletons*. We shall just extract a few:

1. Life is short, the making of a practice difficult, and professional brotherhood deceptive. 2. A man's practice may be compared to a field, on which *tact* acts as manure. 3. A medical practice may be likened to a flannel waistcoat—neither can be left one moment without risk. 4. The practitioner who is often absent runs the same

danger as a lover, for both may find themselves supplanted on their return. 5. Take great care of your first patients, ye beginners, for these are the seed from which your practice is to spring. 6. When a medical man wishes to get rid of a troublesome patient he need but send in his bill. 7. The practitioner who expects his reward from the gratitude of his patients, may be likened to the countryman who waited, in order to cross the river, until the waters had done flowing. 8. To ask an exorbitant fee always redounds to the disgrace of the profession. A wealthy patient who was asked an enormous sum by a surgeon, after an operation, answered, "You ought to have said at first, your money or your life." 9. When the blind credulity of the public in medical matters is considered, one does not wonder that there are so many quacks and impostors, but on the contrary, that there are still so many upright medical men. 10. Consultations are either very useful or very dangerous, just as the medical attendant knows how to manage. It is foolish to have recourse to them too often, and still more foolish to reject them altogether. Don't wait until the friends of the patient ask for a consultation; but dont talk of a consultation if you think the result will be favorable. 11. It is not an easy task to come out of a consultation without being a little lowered in the estimation of the patient and his friends,—the more so as there are physicians and surgeons who, with the utmost urbanity, throw out perfidiously, concealed hints, which the practitioner should immediately take up, and boldly insist upon a clear statement. 12. A consultation is often a note of hand drawn by the usual attendant upon the patient, fo- the benefit of the physician called in to give his opinion.

Embalment.

PLAINFILD, October 11th, 1852.

Dr. BULKLEY—*Dear Sir:* Noticing in the October number of the Medical Times, your reference to Sucquet's method of embalment, I take the liberty of giving you the result of my experiments in the matter. While a student in the College of Physicians and Surgeons of your city, in 1839–40, I satisfied myself that creosote, when quite dilute, would effectually preserve the body from decomposition; parts injected with such solution remaining unaltered in the warmest part

of summer, and finally drying hard as horn. I had resolved therefore to try the same plan whenever a case should arise requiring the preservation of a body, an unusual time for burial, or removal to a distance. Such a case occurred nearly two years since. Mrs. R., a lady residing in this place, died of puerperal peritonitis, a disease in which you are aware, decomposition often makes extensive progress before death. Soon after her decease, I opened the thorax by a small incision, and injected with a common syringe, 2 oz. creosote, diluted with eight of alcohol, into the aorta. Decomposition was thus not only arrested, but seemed to retrogade, the tumefaction diminishing, and although the body remained unburied a week in warm weather, and was taken at that time to the southern part of this State, nearly one hundred and fifty miles, a large proportion of the distance by private conveyance, I was assured by the undertaker and friends who accompanied her remains, that not the slightest change was perceptible in her appearance, nor the least odor of decomposition when committed at last to the earth.

The great advantage of such, or a similar method of preservation of the body after death, must be obvious, since any physician with but little knowledge of anatomy can perform it.

Yours truly, C. H. STILLMAN, M. D.

QUACK ADVERTISEMENT — GOOD.—DR. S. A. BURG, *from Sweden—Botanic Physician and Reformer and Simplifier of Medical Practice,*—Offers his Service to persons laboring under any kind of Chronic as well as acute diseases in any shape or form whatever.

Read the annexed Certificat from the Citizens of Warren and Van Buren Counties, State of Tennesse:

"Wi, the undersigned, do hereby testify that Dr. Burg has practised Medicine in this vicinity since july last, and that no death has occurred among his patients in our knowledge, also, that we never heard of any patients being reduced or made worse, and as far as wi know his patients are generally doing well.

This 7th of January, 1850.

Harmond York: Jesse Martin; James Britt; Erwin Gribble; W. B. Huddleston (Teacher in Burrett Colledge Spencer, Van Buren County); D. F. Wood, Merchant; J. M. Smallman.

No mercurial preparations used in any form or shape.

Botanic Medicine is only used, and will do no harm in any respect—no patient will be reduced—no particular diet required—the patient may continue his daily occupations. Only the medicine is taken according to directions and continued in—Good health will be the consequence.

Why Suffer Longer then Sufferer when you have an apportunity to get well and be restored to your family without to be punished by reducing you. During the last four years Dr. B. have attended about 1000 patients and lost only two by death, the following is the counties in the State of Tennessee where he has practised viz Marion, Bledsoe, White, Van Buren, Grundy, Crawford, Franklin and Cannon, and in Kentucky, Allen, Warren, Simpson, and Barren Counties.

In consequence of his great success, he was requested by many to give instructions last year 1851 and 10 students were discharged.

For the benefit of Humanity he thinks it his duty to offer his service to those who wish to learn his mode of practice.

Therefor he offers to receive students and promise to learn them the Clinical practise in a verry short time so they may be able to practice.

As Dr. B's mode of treatment is different from the regular practise and being most successful in his treatment of all diseases this may be regarded as a verry favorable opportunity for those who desire to learn haw to heal the sick.

All kind of diseases is attended to, but he will mention a few of them, Dyspepsia in all the different forms, Scrofula, Lever oomplaint, Hysterics and Hypochondric affections, Dropsy, Asthma, Piles, Fits, Rupture, Lamnes, Cancers and Ulcers in every shape or form, Cholera &c., Female, Diseases of every kind, Barrenes removed and married Ladies who have been without the blessing of having Children have been restored to health and obtained their wishes, as ill health is the cause of barrenes.

Dr. Burg wishes to avoid lawsuits and missunderstandings with his patients, and therefore annex his bill of Charge.

Medicine furnished by him per week in cash..... $1,00
" " " " on credit.....
—note on time..... $1,25

Medicine when taken three months at once cash..... 10,00
For a wisit of 2 mile or under each wisit..... $1,00
Every mile over and above said 2 mile each..... $0,25
Wisit during, or in the night, dubbel charge.

It must be distinctly understood that he makes no contract for no cure no pay, all have to pay except those who are poor and unable. Remember that if a patient has been laboring under disease for a longtime that it takes sometime before the disease can be thoroughly eradicated from the system, and unless that is don a permanent cure cannot be expected, therefore

Dr. Bs advise is never to commence unless the intend to continue till they get well, wi lose both by it.

Dr. B. wishes to purchase sick negroslaves, no difference what kind of disease the are laboring under neither the time the have had it.

S. J. A. Burg, Botanic Physician,
Walden's Ridge, Marion Co. Tenn.
[*East Tenn. Rec. of Med & Surg.*

Arsenic. Arsenic, the therapeutic use of which appears to have been from the earliest ages diffused generallyr thoughout India and China, has been, since the sixteenth century, much employed by the physicians of Germany, England, France and Italy.

The therapeutic history of this heroic remedy is one of the most interesting on record. Thousands of facts had long attested the efficacy of arsenical preparations in the treatment of intermittent fevers, when experience proved that they might be also advantageously employed in diseases of the skin ; it was, moreover, known that arsenic had been extolled in India as a remedy in the most serious affections, and particularly in elephantiasis.

In 1817, Biett, repeating at the Hospital St. Louis the experiments he had just witnessed in the London Hospitals, introduced into France the employment of arsenic in the treatment of cutaneous affections, and from the first laid down rules for its use, which it has not since been found necessary to modify.

The preparations of arsenic, notwithstanding their incontestible value in the treatment of many diseases of the skin, are not applica-

ble to all. They are principally useful in the essentially chronic affections; in the dry forms, such as psoriasis and lepra; and in eruptions of another class, which, after having resisted rational treatment, and having become, as it were, established, show an obstinacy which seems dependent on local, idiopathic conditions of the skin, as in chronic lichen, and especially in certain forms of eczema.

They afford us the most effectual remedies in the treatment of the elephantiasis of the Greeks.

Good effects have also been obtained from the employment of arsenical preparations in the treatment of venereal diseases, and especially in the tuberculous and scaly forms of syphalitic eruptions.

I have already mentioned that the efficacy of certain decoctions (de Felz, d'Arnault, &c.,) in the composition of which more or less antimony is employed, is generally attributed to the presence of arsenic.

Iodide of Arsenic—*Thomson's Pills.*—Iodide of arsenic, three-fourths of a grain; extract of hemlock, one scruple; make into ten pills—*one* to be taken every eighth hour. This very active formula has been principally employed in lepra.

Mr. Donovan has recommended the double iodide of arsenic and mercury, a compound of equal parts of iodide of arsenic and biniodide of mercury, in the treatment of lepra, psoriasis, lupus, and of syphilitic affections. *Solution of double iodide of arsenic and mercury modified by Soubeiron.*—Iodide of arsenic, iodide of mercury, of each, one part; distilled water, ninety-eight parts. This solution contains an hundredth part of each iodide.

Arsenious Acid.—*Liquid Arsenious Acid.*—A solution of three-quarters of a grain of arsenious acid in eight ounces of distilled water is employed under this name in the German hospitals. The dose is one table-spoonful, gradually increased to six, and is to be taken in the morning on an empty stomach (Foy.) *Dr. Gilbert's formula:* Arsenious acid, three-quarters of a grain; distilled water, sixteen ounces; dissolve by the aid of heat; divide into five phials, the contents of each of which are to be taken in the morning of either one or two days, according to circumstances. This formula is generally preferred by M. Gilbert in the treatment of diseases of the skin, and especially of psoriasis. *Asiatic Pills.*—Arsenious acid, three quarters of a grain; black pepper ten grains; gum Arabic, one-sixth of a grain; water, as much as sufficient to make twelve pills—one to be taken daily. This preparation is very active; it is

the one I usually prefer, varying the dose from one to two, but more frequently diminishing it in the following manner:—Take the mass of Asiatic pills, eight grains; extract of taraxicum, twenty-three grains; mix and divide into twenty-three pills, of which one or two are to be given daily.

Arsenite.—But one arsenite is employed in therapeutics, namely, the arsenite of potash, forming the basis of Fowler's solution, which is a very energetic medicine, and requires to be used with caution. Biett, who frequently prescribed it, recommends that the daily dose should at first be only two or three drops, and never exceed twelve, administered, in two equal portions.

Arseniates.—*Pearson's Arsenical Solution.*—Arseniate of soda, three-quarters of a grain; distilled water, one fluid ounce; dissolve and filter (Cordex.) Dose: a scruple, gradually increased to half a drachm. This preparation is milder and more manageable than Fowler's. I prefer it with women and children, in cutaneous diseases. *Biett's Arsenical Liquor.*—Arseniate of Ammonia, three grains; distilled water four fluid ounces. The uses and dose of this are the same as those of the preceding preparation. *Pills of Arseniate of Soda.*—Arseniate of soda, three-quarters of a grain; extract of taraxicum, half a drachm; divide into thirty pills—one or two to be taken for a dose. *Use,* the same as of the preceding preparation. I often employ this formula with advantage. *Pills of Arseniate of Iron* (Biett.)—Arseniate of iron, two and a half grains; extract of hops, one drachm; syrup orange flower, a sufficient quanty; make into forty-eight pills. Biett employed these pills particularly in scaly affections and in lupus—the dose is one daily.—*Dublin Quarterly Journal.*

OPINIONS REGARDING STRICTURES OF URETHRA.

BY MR. GUTHRIE.

1. That a hard and elastic, or an intractible stricture is never permanently cured by dilitation, or by the application of caustic, although it may be materially relieved by the regular periodical use of a dilitating instrument.

2. That the division of an old, hardened, or elastic stricture through the perinæum, is not usually followed by a permanent cure,

although it is always attended by immediate relief—the disease being apt to return, unless a solid sound or a catheter is occasionally passed to prevent it.

3. That the operation of dividing the perinæum and urethra in such cases is sometimes attended by severe hæmorrhages, by fever, and is occasionally followed by fistulous openings, giving rise to much inconvenience.

4. That such division does, in some instances, effect a permanent cure.

5. The division of the urethra through the external parts should never be attempted in any portion of it anterior to the bulb, such operation not being necessary; for the narrowest stricture of the pendulous or movable part may always be divided internally, with much less comparative danger than by the external incision, inasmuch as the instrument can be guided through the part by the finger and thumb of the left hand of the surgeon with a certainty almost unerring.

6. That the stricture, considered by all surgeons as the most important and difficult of cure, viz: at the termination of the bulbous portion of the urethra, may always be divided, when impassable, by a *straight* instrument, and, in general, more easily than by a *curved* one; the use of which is founded on the erroneous belief that the stricture is situated in the membranous part of the urethra, instead of being, as it is, anterior to it.

7. That the division of the stricture should, if possible, be effected by an instrument passed through it, and cutting from behind forwards, rather than from before backwards, although a combination of both methods will frequently be necessary to ensure success.

8. That the division of a stricture by these means, will not always ensure a permanent cure, if more than the mucous membrane is implicated, unless such parts be divided also.

9. That in cases of intractable stricture, the mucous membrane, the inner layer of involuntary muscle, and the elastic tissue external to it, should be divided, when the operation is done from within, but not the outer layer of muscular fibres, which should remain as a barrier between the stream of urine and the common integument of the external parts—an accuracy of division not always to be attained: whence, perhaps, the difficulty of effecting a permanent cure.

10. That when a permanent cure is effected in these cases, the

divided elastic wall of the urethra is not reunited by a structure exactly similar to itself, but by common areolar tissue, rendering the part more dilatable under the pressure of the stream of urine; the formation of which dilatation can be aided during the progress of the cure, by pressing on the divided part with the point of a solid instrument passed daily for the purpose of preventing, if possible, that contraction which always takes place during the process of cicatrization—a proceeding which cannot be advantageously adopted when the parts are divided through the perinæum, lest it should encourage the formation of a fistulous opening, to which there is always a tendency.

11. That in cases of intractable stricture, accompanied by one or more fistulous openings in the perinæum, in *young persons* or of middle age, the operation through the external parts, or along the urethra, may be resorted to at the pleasure of the surgeon, with an equal chance of success, provided the division of the obstruction or bank preventing the free passage of the urine be effectually divided, the *sine qua non* of the operation.

12. That the operation within the urethra should always be preferred in *elderly* persons, particularly if somewhat stout or fat, as less likely to create severe constitutional disturbance; and if this operation should fail from any cause, it by no means interferes with the due performance of the other through the perinæum, which in serious cases then becomes imperative, as the last resource capable of giving relief.—*Charleston Med. Jour.*

Apology.—We owe an apology for the late appearance of this number of our Journal. The pressure of professional business, the commencement of lectures, and more than all, the time and attention we were compelled to bestow upon our college and hospital building, absolutely prevented the completion of the present number in due time. Hereafter we hope to be more punctual.

OBITUARY.

Died, at Cincinnati, on Tuesday evening, the 5th inst., Daniel Drake, M. D., Professor of Theory and Practice of Medicine, in the Medical College of Ohio.

"Another great man has fallen." A vacancy is left in the ranks of our profession by this calamitous event which can probably never be filled. He combined in himself qualities and traits of character seldom illustrated in the same man. He was a man of genius, of rare talents, of untiring industry, of splendid literary attainments, and of unblemished moral character. While we all deplore his death, we trust that thousands will emulate his great example, and cherish his memory to the latest generation.

Starling Medical College.

COLUMBUS, OHIO.

THE Regular Course of Lectures in this Institution will commence on Monday, the first day of November next, (November 1, 1852) and continue four months. The *preliminary course* will commence on Monday, the 18th of October, and continue to the end of the month.

During the latter course, the following subjects will be taught:

Minor Surgery	Dr. Howard.
Insanity	" Smith.
General Physiology,	" Carter.
Microscopical Anatomy	" Paddock.
Poisons	" Hills.

The above course is *free* to all matriculants,

FACULTY.

R. H. PADDOCK, M. D.,
Professor of Anatomy and Physiology.
RICHARD L. HOWARD, M. D.,
Professor of Surgery.
SAMUEL M. SMITH, M. D.,
Professor of the Practice of Medicine.
FRANCIS CARTER, M. D.,
Professor of Obstetrics and Pathology.
CHARLES A. LEE, M. D.,
Professor of Materia Medica and Medical Jurisprudence.
FREDERICK MERRICK, M. D.,
Professor of Chemistry.
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June 1852.

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Palmer's Patent Artificial Leg.

Prize Limb of the World's Exhibition!!

THIS substitute (the invention of B. Frank. Palmer, who himself lost a limb at an early age) differs radically from all other artificial legs; and in form and motion so nearly resembling the natural limb as to effectually conceal the misfortune of the wearer. It has the articulations of knee, ankle and toes, all of which are operated by tendons and springs, (in the interior of the limbs) which perform the functions of the Tendo-Achillis, Flexor, Extensor, and other muscles giving a nature-like elasticity, and rendering the step firm and secure in walking. This limb is applied, with great success, to the shortest and tenderest stumps, its excessive lightness, and self-acting quality fitting it peculiarly for such cases. About five hundred of these limbs are now in constant use, consequently the inventor and proprietor, can speak from an experience which no other manufacturers have had, and they do not know of any person using limbs of any other construction, who has had one of Palmer's Patent; and they are now almost constantly fitting limbs for persons well supplied, in numbers, with those of every other construction.

The Inventor has been honored with twenty gold and silver medals, or FIRST PREMIUMS, at the great Annual Exhibitions in New York, Philadelphia, Boston and Baltimore, and has NEVER, in a single instance, failed in receiving the HIGHEST award, when there has been competition.

Mr. Palmer having perfected his invention in the year 1850, and established its pre-eminence over all others in this country, determined to present it at the World's Exhibition, in London.

The Jury on Surgical Instruments and Artificial Limbs then consisted of Wm. Lawrence, F. R. S., President of the Royal College of Surgeons; Joseph H. Green, F. R. S., and Mr. Philip, of London; M. Roux, Surgeon to the Hotel Dieu; M. Lallem and, member of the Institute, Paris; and Dr. Chadbourne, of the United States. The best English, French, and German Limbs were exhibited in competition, and yet PALMER'S PATENT LEG was UNANIMOUSLY declared, by this learned body, to be "*decidedly the best artificial leg exhibited,*" and Mr. Palmer was, accordingly, awarded the MEDAL.

☞ The following certificate is from Dr. Guthrie, late President of the Royal College of Surgeons, London. Similar expressions from Sir Benj. Brodie, and others, were received:

"LONDON, September 30th, 1851.

SIR—I have no hesitation in stating that I consider your Patent Artificial Leg to be the best invention I have yet seen—the most useful and the least distinguishable from the natural limb.

I am, sir, your very obedient servant,

B. FRANK. PALMER, Esq. G. J. GUTHRIE.

"The Patent Artificial Leg of Mr. Palmer is a most ingenious, admirable, and philanthropic contrivance. It is far superior to all others that have yet been invented. The peculiar characteristics of this limb are life-like elasticity and flexibility, excessive lightness, durability, adaptability, and perfection of exterior appearance."—*London Lancet, Jan.* 3, 1852.

"If our cousins beat us in Yacht-Building, they are equally pre-eminent in the manufacture of Artificial Legs. The Patent Leg of Mr. Palmer cannot fail to be regarded as a great boon to suffering humanity."—*London Times, Sept.* 19, 1851.

NEW YORK, January 28, 1851.

I have seen several of the Artificial Legs, manufactured by B. F. Palmer, in use, and consider them superior to any with which I am acquainted. W. PARKER, M. D.,

Prof. of Surg. College of Physicians and Surgeons, N. Y.

I have examined, carefully, the Artificial Leg, manufactured by Mr. B. Frank. Palmer, of this country. Its construction is simple, and its execution is beautiful; and, what is more important, those who have the misfortune to require a substitute for the natural limb, and the good fortune to possess it, all concur in bearing practical testimony to its superiority in comfort and utility.

VALENTINE MOTT,

Professor of Surgery in the New York University.

New York, Jan. 29, 1851.

PHILADELPHIA, March 27, 1851.

I have examined, with great care, the Artificial Leg invented by Mr. B. F. Palmer, and do not hesitate to recommend it in the *strongest terms.* It has been used by several of my patients, and with entire satisfaction. THOS. D. MUTTER, M. D.,

Prof. of Surgery in Jefferson College, Philadelphia.

I am acquainted with B. F. Palmer, the inventor and manufacturer of the artifical leg above adverted to. His natural mechanical genius was brought into requisition in fitting for himself an artificial leg, which performs its operations so perfectly that no one can tell which is the artificial, or which the natural leg, without its exposure and a critical inspection. I saw a model of it in the World's Great Exhibition, where it attracted universal admiration, and drew the first prize. It is the best thing of the kind I have ever seen, and can but please—*perfectly please,* those who are compelled to resort to such an apparatus. R. L. HOWARD, M. D.,

Professor of Surgery.

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